

Case Number:	CM15-0177872		
Date Assigned:	09/18/2015	Date of Injury:	06/18/2013
Decision Date:	10/21/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	09/09/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Emergency Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 50 year old female, who sustained an industrial injury on June 18, 2013, incurring neck and shoulder injuries. She had no history of neck or shoulder injuries in the past. She was diagnosed with cervical degenerative disc disease with disc herniation, right rotator cuff tear, and peripheral neuropathy. Treatment included physical therapy, pain medications, muscle relaxants, anti-inflammatory drugs, antidepressants, and proton pump inhibitor, cervical trigger point injections with no relief, acupuncture, and steroid injections to the shoulder with no relief, and activity restrictions and modifications. Currently, the injured worker complained of neck pain, right upper extremity, shoulder and right wrist pain with numbness, tingling and weakness of the right arm and hand. On May 7, 2014, a Magnetic Resonance Imaging of the right shoulder revealed a full thickness tear, degenerative changes and a small joint effusion. She noted limited range of motion of the right shoulder and rated her pain 7 out of 10 on a pain scale from 1 to 10. Her pain was aggravated by reaching, gripping, grasping, carrying and lifting items. Her neck became worse when looking up and turning her head. The treatment plan that was requested for authorization on September 9, 2015, included a prescription for Nucynta 50mg #63. On September 8, 2015, a request for a prescription for Nucynta was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Nucynta 50mg, #63: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta.

Decision rationale: The requested Nucynta 50mg, #63, is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is "Not recommended, but only recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids." The injured worker has neck pain, right upper extremity, shoulder and right wrist pain with numbness, tingling and weakness of the right arm and hand. On May 7, 2014, a Magnetic Resonance Imaging of the right shoulder revealed a full thickness tear, degenerative changes and a small joint effusion. She noted limited range of motion of the right shoulder and rated her pain 7 out of 10 on a pain scale from 1 to 10. Her pain was aggravated by reaching, gripping, grasping, carrying and lifting items. Her neck became worse when looking up and turning her head. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Nucynta 50mg, #63 is not medically necessary.