

Case Number:	CM15-0045284		
Date Assigned:	03/17/2015	Date of Injury:	08/13/2002
Decision Date:	05/13/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/10/2015

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, Hawaii
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55-year-old female patient who sustained an industrial injury on 08/13/2002. A primary treating office visit dated 09/15/2014 reported subjective complaint of neck and shoulder pain. She states that the trigger point injections helped and her pain is reduced. She is asking to have an injection on the other side of her neck. She reports being anxious about going through a NESP program as she has been on narcotics for 12 years treating pain and she wants detoxification. She is diagnosed with cervical radiculopathy status post cervical fusion; neck pain; chronic pain syndrome; chronic related insomnia; myofascial syndrome and neuropathic pain. The plan of care involved urinalysis, continue with medications Gabadone, Trepadone, Percura, Lyrica, Nucynta, Prilosec, Colace, Skelaxin, Flurbioprofen / Flexiril compound cream and inquire about physical therapy authorization. She is to follow up in three weeks for re-evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation ODG Pain Chapter - Tapentadol (Nucynta).

Decision rationale: The patient presents with subjective complaint of neck and shoulder pain. The current request is for Nucynta 150mg #60. The treating physician states, in a report dated 09/15/14, "Continue Nucynta 75 mg one every six hours p.r.n. severe breakthrough pain (The patient has medication)." (22B) For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient's pain is a 10/10 without medication and a 4-5/10 with medication. There is no discussion of any functional improvements or improvements in ADLs with opioid usage. There is no discussion of any adverse effects or aberrant behaviors. Additionally, the treating physician notes that the patient "has been on narcotics for her pain for 12 years and wants to be able to go through the detox program." Therefore, the current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.

Nucynta ER 75mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation ODG Pain Chapter - Tapentadol (Nucynta).

Decision rationale: The patient presents with subjective complaint of neck and shoulder pain. The current request is for Nucynta ER 75mg #120. The treating physician states, in a report dated 09/15/14, "Continue Nucynta ER 150 mg one twice a day for severe pain RTC #60 (The patient has medication)." (22B) For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician has documented that the patient's pain is a 10/10 without medication and a 4-5/10 with medication. There is no discussion of any functional improvements or improvements in ADLs with opioid usage. There is no discussion of any adverse effects or aberrant behaviors. Additionally, the treating physician notes that the patient "has been on narcotics for her pain for 12 years and wants to be able to go through the detox program." Therefore, the current request is not medically necessary and the recommendation is for denial and slow weaning per the MTUS guidelines.