MAXIMUS Federal Services

Case Number:	CM15-0065587		
Date Assigned:	04/13/2015	Date of Injury:	09/26/2005
Decision Date:	05/19/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/07/2015

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, North Carolina
Certification(s)/Specialty: Family Practice

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 47 year old female, who sustained an industrial injury on September 26, 2005. The injured worker was diagnosed as having cervical radiculopathy, stenosis and disc protrusion and thoracic outlet syndrome. Treatment and diagnostic studies to date have included medication and home exercise. A progress note dated March 4, 2015 provides the injured worker complains of neck and back pain radiating to legs. She rates her pain as 3/10 on good days and 10/10 on a bad day. Physical exam notes cervical tenderness with decreased range of motion (ROM) and lumbar tenderness with normal range of motion (ROM). The plan includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, #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 (ODG) Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 78.

Decision rationale: The request is for Nucynta 50 mg, #60 for treatment of chronic pain. Opioids have been suggested for neuropathic pain that has not responded to first-line agents (antidepressants, anticonvulsants). The claimant sustained an industrial injury in 2005. Opioids such as Nucynta are not indicated for long-term use, but appear to be limited to short-term use of pain relief. This claimant's injury almost 10 years ago falls far outside the short-term efficacy recommended. Therefore, this request is not medically necessary.

Oxycodone HCL 10mg, #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-80, 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

Decision rationale: The request is for Oxycodone 1-0 mg, #150. The claimant sustained an industrial injury in September 2005. Diagnoses includes cervical radiculopathy, cervical stenosis, disc protrusion and thoracic outlet syndrome. The CA MTUS states that opioids have been suggested for neuropathic pain that has not responded to first-line agents (antidepressants, anticonvulsants). There are no trials of long-term use; however opioids appear to be efficacious for short-term use (less than 16 weeks). There is no evidence in the medical records that the patient has failed first-line agents. In addition, long-term efficacy has not been established, therefore this request is not medically necessary.