

Case Number:	CM15-0099551		
Date Assigned:	06/02/2015	Date of Injury:	05/09/2007
Decision Date:	10/07/2015	UR Denial Date:	05/13/2015
Priority:	Standard	Application Received:	05/22/2015

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: Massachusetts

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

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 48-year-old male, who sustained an industrial injury on 05-09-2007. He reported injury to the right shoulder and right upper extremity. The injured worker was diagnosed as having chronic pain, right upper extremity; reflex sympathetic dystrophy upper limb, right; shoulder region disorder, status post-surgery; ulnar nerve injury, status post-surgery; sprain of wrist, status post-surgery; myalgia and myositis; depression; and anxiety state. Treatment to date has included medications, diagnostics, acupuncture, physical therapy, and surgical intervention. Medications have included Celebrex, Flexeril, Neurontin, and Lorazepam. A progress report from the treating provider, dated 04-30-2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of continued significant pain of his right arm; the pain is rated at 7 out of 10 in intensity; he has completed his acupuncture, but he did not have significant relief; and his current medications afford mild, temporary decrease in the symptoms. Objective findings have included surgical scars noted at the right shoulder, medial elbow, and palmar wrist; decreased range of motion of the right shoulder; atrophy of the right shoulder girdle muscles; vasotrophic changes of the right arm; tenderness on palpation of the right shoulder, elbow, and wrist; trigger points with taut bands of the infraspinatus, upper traps, and levator scapulae on the right; dysesthesia of the right upper extremity; positive impingement test of the right shoulder. The treatment plan has included the request for Nucynta 50mg #90 with 3 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

Decision rationale: The claimant sustained a work-related injury in May 2007 and is being treated for right upper extremity pain. When seen, pain was rated at 7/10. He had completed acupuncture treatments without relief. Medications were providing only a mild, temporary relief of symptoms. Physical examination findings included a BMI of over 31. There was decreased right shoulder range of motion with atrophy and vasomotor changes. There was tenderness and trigger points were present. There was decreased strength with positive impingement testing. A trial of Nucynta was started. The claimant is noted to have allergies to fentanyl, hydrocodone, oxycodone, and morphine. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Nucynta (tapentadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it was being prescribed when the claimant was having ongoing moderate to severe pain. There were no identified issues of abuse or addiction and the total MED prescribed was less than 120 mg per day consistent with guideline recommendations. Although not a first line medication, the claimant has allergies to multiple other opioid medications. Prescribing this medication was medically necessary. However, prescribing a four-month supply was not appropriate and for this reason, the request cannot be accepted as being medically necessary.