

Case Number:	CM14-0152926		
Date Assigned:	09/24/2014	Date of Injury:	07/25/2005
Decision Date:	11/03/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/19/2014

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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Interventional Spine Pain Management and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 55 years old male with an injury date on 07/25/2005. Based on the 08/13/2014 progress report provided by [REDACTED], the diagnoses are Status post 07/11/2013 fluoroscopically-guided bilateral C2-C3 and C3-C4 facet joint radiofrequency nerve ablation (neurotomy/rhizotomy, Status post fluoroscopically-guided diagnostic right C2-C3 and right C3-C4 facet joint medial branch block, Bilateral upper cervical facet joint pain at C2-C3 and C3-C4 Cervical facet joint arthropathy, Central disc protrusion at C3-C4 measuring 4 mm, Central disc protrusion at C4-C5 measuring 4 mm, Central disc protrusion at C5-C6 measuring 3 mm, Central disc protrusion at C6-C7 measuring 3 mm, Mild central stenosis at C3-C4, C4-C5, and C5-C6, Cervical sprain/strain, Right shoulder rotator cuff pain, Right shoulder internal derangement Status post right shoulder surgery and Cervicogenic headaches. According to this report, the patient complains of "bilateral, upper greater than lower, neck pain radiating to the occipital head with headaches and episodic lightheadedness." The patient rated the pain at a 5/10. Physical exam reveals tenderness over the paraspinal muscles overlying the C2 to C4 facet joints. Range of motion of the cervical spine is restricted with pain in all directions. Decreased sensation to pinprick and light touch are noted in the left medial forearm and the left hand. The patient's UDS result on 05/14/2014 was consistent with medications and history. The 04/10/2014 report indicated the patient's pain level is a 6/10. Nucynta "provides 40% improvement of his pain with 40% improvement of his activities of daily living such as self-care, dressing." The patient had a right shoulder torn labrum repair in 2007 and a right ruptured Achilles tendon repair in 1995. There were no other significant findings noted on this report. The utilization review denied the request on 08/28/2014. [REDACTED] is the requesting provider, and he provided treatment reports from 07/30/2013 to 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 milligrams 1-2 tabs orally every 4 hours as needed for pain, QTY: 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) Nucynta: Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Medications for Chronic Pain, criteria for use of Opi.

Decision rationale: According to the 08/13/2014 report by [REDACTED] this patient presents with "bilateral, upper greater than lower, neck pain radiating to the occipital head with headaches and episodic lightheadedness." The provider is requesting Nucynta 50 milligrams, # 60. 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 4As (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. Nucynta was first mentioned in the 04/10/14 report; it is unknown exactly when the patient initially started taking this medication. Review of report shows documentation of pain assessment using a numerical scale describing the patient's pain and some ADL's are discussed. However, no outcome measures are provided; No aberrant drug seeking behavior is discussed, and no discussion regarding side effects. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should be slowly weaned as outlined in MTUS Guidelines. Therefore, this request is not medically necessary.