

Case Number:	CM13-0013446		
Date Assigned:	09/26/2013	Date of Injury:	05/13/2004
Decision Date:	01/17/2014	UR Denial Date:	08/09/2013
Priority:	Standard	Application Received:	08/19/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation 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 physician 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 51-year-old male with a date of injury on 5/13/04. The progress report dated 7/17/13 by [REDACTED] noted that the patient continued with chronic low back pain and increased left lower extremity burning, pain rated at 5-6/10 with medication and at 9/10 without mediations. It was noted that the patient had been on tapentadol as early as 11/30/12 and had failed other opioid medications such as Percocet and fentanyl. The patient reported that Nucynta has fewer side effects including less constipation, which the medication is known for. The patient reported that he felt that his medication allows him to be more functional and allows him to continue with his swimming. The patient's diagnoses include lumbar degenerative disc disease; postlaminectomy syndrome lumbar region; lumbar radiculitis; numbness. A request was made to continue the patient on Nucynta IR 100mg #110, which was a reduced amount from #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Request for 1 prescription of Tapentadol (Nucynta) IR 100 mg #110: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 88-89. Decision based on Non-MTUS Citation Official Disability Guidelines, Section Tapentadol (Nucynta)

Decision rationale: The progress report dated 7/17/13 by [REDACTED] noted that the patient continued with chronic low back pain and increased left lower extremity burning, pain rated at 5-6/10 with medication and at 9/10 without medications. It was noted that the patient had been on tapentadol as early as 11/30/12 and had failed other opioid medications such as Percocet and fentanyl. The patient reported that Nucynta has fewer side effects including less constipation, which the medication is known for. The patient reported that he felt that his medication allows him to be more functional and allows him to continue with his swimming. The patient's diagnoses include lumbar degenerative disc disease; postlaminectomy syndrome lumbar region; lumbar radiculitis; numbness. A request was made to continue the patient on Nucynta IR 100mg #110 that was a reduced amount from #120. MTUS does not discuss the use of tapentadol for chronic pain. Therefore, alternative guidelines are referenced. ODG states that Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. For long term use of opioids MTUS requires functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Also under strategy for maintenance, it states, "Do not attempt to lower the dose if it is working." This case appears to be supported by the guidelines noted above. Authorization is recommended.