

Case Number:	CM13-0025493		
Date Assigned:	11/20/2013	Date of Injury:	06/08/2012
Decision Date:	01/23/2014	UR Denial Date:	08/27/2013
Priority:	Standard	Application Received:	09/17/2013

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 Pain Management has a subspecialty in Disability 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 30 year old male with a date of injury of 6/8/2012. The provider submitted a prospective request of 60 Nucynta ER 100 mg and 30 Fioricet 50/325/40mg. In a recent evaluation on 8/10/13, the patient continued to have low back pain that radiates to bilateral lower extremities and neck pain that radiates to bilateral upper extremities. The pain level decreased to an average pain at 4/10 with medications and 7/10 without medications. Nucynta 50mg was not helping and when pain was at its worst, it takes 2 Norco for relief. There are limitations with activities of daily living, including activity, sleep, and sex. The objective findings included lumbar spine range of motion to have moderate reduction secondary to pain; spinal vertebral tenderness lumbar spine L4-S 1; and no change in the sensory/motor examination.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #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 (Chronic).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Chronic and Medline Plus Information.

Decision rationale: The California MTUS is mute about Nucynta. According to Online version of ODG, Pain Chapter- Tapentadol (Nucynta™) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to Oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afilalo, 2010){Buynak, 2010} (Lange, 2010). On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. The guidelines indicate Nucynta is effective in the management of chronic knee and low back pain. However, guidelines further note it is only recommended as a second line medication for those patients experiencing adverse effects with opioids. Also the patient indicated that the medication does not seem to help with her pain. Therefore the request for Nucynta ER 100mg #60 is not medically necessary

Fioricet 50/325/40mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate- Containing Analgesics Agents (BCAs) Page(s): 23 & 47.

Decision rationale: The California MTUS (Effective July 18, 2009) page 23 and 47 section on Barbiturate-containing analgesic agents (BCAs) such as Fioricet is not recommended for chronic pain. The potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy of BCAs due to the barbiturate constituents. (McLean, 2000) There is a risk of medication overuse as well as rebound headache. (Friedman, 1987). Therefore the request for Thirty (30) Fioricet 50/325/40mg is not medically necessary.