

Case Number:	CM13-0052011		
Date Assigned:	12/27/2013	Date of Injury:	04/25/2003
Decision Date:	07/29/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/15/2013

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 and Rehabilitation and is licensed to practice in Nevada. 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 injured worker is a 49-year-old male injured on April 25, 2003. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 23, 2014, indicated that there were ongoing complaints of thoracic and lumbar spine pain with lower extremity radicular symptoms. Current medications included Ambien, Skelaxin, Percocet, Zoloft, Nucynta, naproxen, and amlodipine. The physical examination demonstrated decreased lumbar range of motion in all directions and tenderness of the lumbar paraspinal muscles. There was increased pain with lumbar extension rather than flexion. There was a positive left-sided straight leg raise and decreased sensation on the left L2 and L5 dermatomes. Lumbar spine epidural steroid injections were recommended, and prescriptions were written for Nucynta, oxycodone, and metaxalone. Previous treatment included prior lumbar spine epidural steroid injections. A request had been made for Nucynta and was not certified in the pre-authorization process on October 8, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication Nucynta ER (extended release): Upheld

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

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), Tapentadol (Nucynta), updated July 10, 2014 and the Other Medical Treatment Guideline or Medical Evidence: on live version medlineplus/druginfo/meds.

Decision rationale: According to the Official Disability Guidelines, Nucynta or tapentadol, is recommended as second line therapy for patients who develop intolerable adverse effects to first-line opioids. The most recent progress note, dated January 23, 2014, did not mention that the injured employee has intolerable side effects to first-line opioids and stated that the employee was currently prescribed Percocet and had written a prescription for oxycodone. Additionally, the medical record did not state any justification for the need specifically for Nucynta. Considering this, the request for Nucynta is not medically necessary.