

Case Number:	CM13-0052749		
Date Assigned:	12/30/2013	Date of Injury:	08/01/2013
Decision Date:	05/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/18/2013

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for low back pain reportedly associated with an industrial injury of August 1, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; MRI imaging of August 22, 2013, notable for a large disk herniation at L4-L5; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and work restrictions. In a Utilization Review Report of October 29, 2013, the claims administrator denied a request for Nucynta, citing the MTUS Chronic Pain Medical Treatment Guidelines, although it does not appear to be a chronic pain case. The claims administrator stated that the attending provider had reportedly introduced Nucynta owing to GI side effects with Norco. The applicant's attorney subsequently appealed. In a progress note of August 14, 2013, the applicant was described as off of work, on total temporary disability. Authorization for MRI imaging was sought. In a subsequent note of August 19, 2013, the applicant was given injection of Toradol in the clinic. Flexeril and Motrin were introduced while Soma and Norco were discontinued. In a September 2, 2013 progress note, the applicant was again placed off of work, on total temporary disability. The applicant was asked to consult a spine surgeon. The applicant was apparently uncomfortable and had some weakness about the right leg. On October 30, 2013, the applicant's attending provider sought authorization for a lumbar decompression surgery and an epidural steroid injection. On October 15 2013, the applicant's pain management physician introduced Nucynta owing to the fact that the applicant had developed nausea with Norco. The applicant was again placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 15MG, 1-2 TABS EVERY 4-6 HOURS: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308.

Decision rationale: The Expert Reviewer's decision rationale: While the MTUS does not specifically address the topic of Nucynta usage, the MTUS Guideline in ACOEM Chapter 12, Table 12-8 does suggest that usage of opioids, as a short course, is "optional" in the treatment of severe low back pain, as was present here. In this case, the applicant did in fact have low back pain which have proven refractory to several other treatments, including time, medications, NSAIDs, physical therapy, and a first-line opioid, Norco. The request for Nucynta was a first-time request. A trial of the same was indicated, particularly as the Food and Drug Administration (FDA) does note that Nucynta can be employed to relieve moderate-to-severe pain in individuals of 18 years of age or older. For all the stated reasons, then, the request is certified, on Independent Medical Review.