

Case Number:	CM13-0060419		
Date Assigned:	04/23/2014	Date of Injury:	03/25/2001
Decision Date:	11/17/2014	UR Denial Date:	12/02/2013
Priority:	Standard	Application Received:	12/03/2013

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 & 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 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 51 year old female who was injured on 03/25/2001. The mechanism of injury is unknown. Prior medication history included Norco, Nexium and Celebrex. Progress report dated 10/02/2013 states the patient presented with complaints of continued severe neck pain and back pain with muscle spasms in her lower back. She reported at 50% functional improvement with her medications. She was using Nucynta 100 mg. On exam, her neck and back exam revealed diffuse tenderness to trigger points with positive jump sign over the cervical, thoracic and lumbar paraspinal and shoulder girdle areas. She has positive impingement sign. She is diagnosed with cervical, thoracic, and lumbar strain/sprain with global myofascial pain disorder with possible underlying fibromyalgia. She was recommended to continue with Nucynta 100 mg which she has been using since 03/26/2014. Prior utilization review dated 12/02/2013 states the request for Nucynta 100mg #120 is denied as there is no evidence of documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG #120: 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, TAPENTADOL

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

Decision rationale: Per guidelines, Nucynta (Tapentadol) is a short-acting opioid that is used for moderate to severe breakthrough pain. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not establish failure of non-opioid analgesics, such as NSAIDs and there is no mention of ongoing attempts with non-pharmacologic methods of pain management. There is little to no documentation of any significant improvement in pain level (i.e. VAS) or function specific to prior use of this medication. There is no evidence of urine drug test in order to monitor compliance. Furthermore, long-acting opioids should be considered when continuous around the clock pain management is desired. Therefore, the medical necessity for Nucynta has not been established based on guidelines and lack of documentation.