

Case Number:	CM13-0071285		
Date Assigned:	05/16/2014	Date of Injury:	06/24/2007
Decision Date:	07/11/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	12/27/2013

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 Anesthesiology has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 56 year old male who was injured on 6/24/2007. The diagnoses listed are low back pain, neck pain and right shoulder pain. The past surgical history is significant for right shoulder arthroscopy with rotator cuff repair, lumbar fusion and cervical spine fusion. The patient completed physical therapy and right shoulder injection in 2013. The medications listed are MSContin, Fentanyl patch and Nucynta for pain. The providers [REDACTED] / [REDACTED] noted that the Percocet was changed to Nucynta because it was no longer effective for breakthrough pain. The pain score was reported as 7/10 with medications and 9/10 without medications. The patient is also utilizing Soma for the treatment of muscle spasm. A Utilization Review decision was rendered on 12/16/2013 recommending modified certification for Nucynta 100mg q 4 hrs. #180 to #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA (TAPENTADOL) 100 MG, ONE (1) TABLET BY MOUTH EVERY FOUR (4) HOURS AS NEEDED FOR BREAKTHROUGH PAIN, (#180) FOR 30 DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74 - 96.

Decision rationale: The CA MTUS Guidelines and the ODG Guidelines addressed the use of opioids for the treatment of chronic musculoskeletal pain. It is recommended that the use of opioids be limited to periods of exacerbations of chronic pain that did not respond to standard NSAIDs, physical therapy and exercise. Opioids can also be used in chronic pain treatment when surgical and interventional pain procedure options have been exhausted or are ineffective. Nucynta is an analgesic that acts on opioid and non opioid receptors. It is associated with less addictive and sedative properties than pure opioid agonists. The guidelines recommend that Nucynta be used as a second-line medication for patient who have failed or cannot tolerate pure opioid agonists. The medical records indicate that the patient is concurrently utilizing several opioid medications. He is on MS Contin and fentanyl medications. The Percocet was changed to Nucynta for being ineffective. The occurrence of unchanged pain levels and lack of functional improvement in a patient who is utilizing high dose opioids is suggestive of the development of opioid-induced hyperalgesia state. The necessity for a continual use of Nucynta was not met. The request for Nucynta (Tapentadol) 100 Mg, One (1) Tablet By Mouth Every Four (4) Hours As Needed For Breakthrough Pain, (#180) For 30 Days is not medically necessary.