

Case Number:	CM14-0004485		
Date Assigned:	04/21/2014	Date of Injury:	01/29/1975
Decision Date:	05/27/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/13/2014

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 Management, 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:

According to the records made available for review, this is a 61-year-old male with a 1/29/75 date of injury. At the time (10/2/13) of request for authorization for Nucynta 100mg #120 with 2 refills, there is documentation of subjective findings of low back pain radiating to the right buttocks and right posterior thigh. Objective findings revealed decreased lumbar range of motion, positive lumbar discogenic provocative maneuvers, positive straight leg raise bilaterally, diminished bilateral lower extremity reflexes, decreased sensation of the left L4 and L5 dermatomes, and decreased muscle strength of the bilateral lower extremities. The current diagnoses included lumbar radiculopathy with lower extremity weakness, lumbar stenosis, and lumbar sprain/strain. The treatment to date included Nucynta since at least 4/24/13 with 50% improvement in pain and increased ability in performing activities of daily living. In addition, medical reports identify an up to date pain contract and failure of first line opioid treatment (Norco and Percocet).

IMR ISSUES, DECISIONS AND RATIONALES

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

ONE PRESCRIPTION OF NUCYNTA 100MG, #120 WITH 2 REFILLS: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta), and Title 8, California Code of Regulations, section 9792.20.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The Official Disability Guidelines (ODG) identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of lumbar radiculopathy with lower extremity weakness, lumbar stenosis, and lumbar sprain/strain. In addition, given documentation of an up to date pain contract, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, given documentation of failure of first line opioid treatment (Norco and Percocet), there is documentation of Nucynta used as a second line therapy. Lastly, given documentation of ongoing treatment with Nucynta since at least 4/24/13 with 50% improvement in pain and increased ability in performing activities of daily living, there is documentation of functional benefit or improvement as an increase in activity tolerance as a result of use of Nucynta. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 100mg #120 with 2 refills is medically necessary.