

Case Number:	CM14-0005760		
Date Assigned:	02/07/2014	Date of Injury:	11/13/2009
Decision Date:	07/11/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/15/2014

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 Physical Medicine and 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:

Patient is a 63-year-old male who has submitted a claim for inguinal hernia, lumbar radiculopathy, lumbar spondylosis, testicular pain, s/p hernia surgery associated with an industrial injury date of November 13, 2009. Medical records from 2011-2013 were reviewed which revealed consistent intermittent inguinal and low back pain with an average pain scale of 5/10. This was aggravated by bending, sneezing, prolonged sitting, lifting, defecation, prolonged standing, coughing, sexual intercourse and walking. This was relieved by rest, heat, intake of medication, lying in a fetal position and lying on his back. Physical examination showed tenderness on thoracic and lumbar facets. Range of motion was within normal limits. Patrick and Gaenslen tests were normal. Straight leg raise test was positive on the left and negative on the right. MRI of lumbar spine done on October 23, 2013 showed L2-L3 decreased disc space height with 1-2mm retrolisthesis. L3-L4 has decreased disc space with minimal disc bulge and minimal central canal stenosis. L4-L5 has bilateral perineural cysts proximal to foramina. L5-S1 has 2 small perineural cysts present in left neuroforamen. Treatment to date has included, s/p bilateral inguinal PNS placement with right PNS revision on 8/16/11, removal of stimulator done on 11/18/11, bilateral L5 and S1 transforaminal epidural injections, s/p hernia surgery on 1/26/10 and PT session. Medications taken include, Senna 15 mg, Lidoderm 5% patch, Lyrica 75 mg and Nucynta 75 mg. Utilization review from January 2, 2014 denied the request for Nucynta 75 mg because there was no documentation available, which would support use of Nucynta. The current Nucynta dosage exceeds both manufacturer's recommendations and MTUS recommendation for an opioid dosage equivalent to up to 120 mg of oral morphine per day. Medical necessity is not established for the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYANTA IR 75 MG,QTY: 270, FOR THE LOW BACK: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Tapentadol.

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guideline, Pain Section was used instead. ODG recommended Nucynta, a brand name of Tapentadol, as second line therapy for patients who develop intolerable adverse effects with first line opioids. Tapentadol was efficacious and was similar to Oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile. In this case, patient was prescribed Nucynta since at least 5/7/13. Patient's progress report, dated 3/26/2013 indicated that he had constipation upon intake of opioids, i.e., Hydrocodone. However, with the use of Nucynta, patient was able to tolerate his pain with no adverse effect noted. The medical necessity has been established. Therefore, the request for Nucynta IR 75 MG,QTY: 270, FOR THE LOW BACK is medically necessary.