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| Case Number: | CM14-0108428 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 06/22/2004 |
| Decision Date: | 09/09/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/11/2014 |

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 Nevada. 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 records, presented for review, indicate that this 67-year-old individual was reportedly injured on June 22, 2004. The mechanism of injury was not listed in these records reviewed. The most recent progress note, dated July 16, 2014, indicated that there were ongoing complaints of upper back pain, low back pain, right shoulder pain, left foot pain and right foot pain. The physical examination demonstrated a healthy individual, "in no apparent distress." A well healed surgical scar of the lumbar spine was noted. A restricted range of motion of the lumbar spine was noted, and there were no motor or sensory deficits noted. Diagnostic imaging studies were not reported. Previous treatment included multiple lumbar surgeries. A request had been made for Nucyntas and was not certified in the pre-authorization process on June 18, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER (Extend Release) 250 mg. #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 OF 127.

Decision rationale: Nucynta is synthetically-derived centrally-acting oral analgesic. It activates the mu-opioid receptor and inhibits norepinephrine synaptic reuptake. The use of Nucynta is supported by the Official Disability Guidelines (ODG) for a second line therapy for patients with intolerable adverse effects with first-line opioids. The ODG also notes that when considering opioids for non-neuropathic pain, there should be documentation of discussion including the duration of treatment and plan for discontinuation. While noting that a weaning protocol reportedly increased symptomatology, there is no noted efficacy in terms of increased functionality, return to work, or decreased pain scores noted. Additionally, the 4 As in pain management outcomes, including analgesia, activities of daily living, adverse events, and aberrant drug-taking behaviors are not noted. There is no narcotic contract, and urine drug screening is not reported. Therefore, based on the clinical information presented for review, noting the surgery completed, and by the physical examination reported, the request for Nucynta ER (Extend Release) 250 mg. #60 with 1 refill is not medically necessary and appropriate.

Nucynta 100 mg. #45 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 75, 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26. MTUS (Effective July 18, 2009) Page(s): 74, 78, 93 OF 127.

Decision rationale: Nucynta is synthetically-derived centrally-acting oral analgesic. It activates the mu-opioid receptor and inhibits norepinephrine synaptic reuptake. The use of Nucynta is supported by the Official Disability Guidelines (ODG) for a second line therapy for patients with intolerable adverse effects with first-line opioids. The ODG also notes that when considering opioids for non-neuropathic pain, there should be documentation of discussion including the duration of treatment and plan for discontinuation. While noting that a weaning protocol reportedly increased symptomatology, there is no noted efficacy in terms of increased functionality, return to work, or decreased pain scores noted. Additionally, the 4 As in pain management outcomes, including analgesia, activities of daily living, adverse events, and aberrant drug-taking behaviors are not noted. There is no narcotic contract, and urine drug screening is not reported. Therefore, the request for Nucynta 100 mg. #45 with no refills is not medically necessary and appropriate.