

Case Number:	CM14-0109641		
Date Assigned:	08/01/2014	Date of Injury:	06/03/2011
Decision Date:	09/19/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/14/2014

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, has a subspecialty in Interventional Spine, 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 31 year old with an injury date of 6/3/11. According to progress report 6/3/11, the patient complains of severe, uncontrolled, and worsening cervical pain that radiates into the bilateral upper extremities. Patient also has lumbar pain radiating into the bilateral lower extremities, especially to the knees and feet. The pain is rated as 7/10 with medications, and 9/10 without medications. Based on the 4/29/14 progress report provided by [REDACTED] the diagnoses are: 1. chronic pain other. 2. cervical radiculopathy. 3. lumbar radiculopathy. 4. medication related dyspepsia. 5. Last date of work: May 2011. Exam on 5/26/14 showed "C-spine range of motion moderately limited. Sensory: decreased sensation bilaterally. Upper extremity flexor and extensor strength unchanged." [REDACTED] is requesting Nucynta ER 100mg twice a day #60. The utilization review determination being challenged is dated 6/11/14. [REDACTED] is the requesting provider, and he provided treatment reports from 7/2/13 to 6/23/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100 mg bid Qty 60: 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) (<http://www.odgtwc.com/odgtwc/pain.htm#Tapentadol>) and (<http://www.odgtwc.com/odgtwc/pain.htm#Opioids>).

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

Decision rationale: This patient presents with neck pain radiating into bilateral upper extremities, and lower back pain radiating into bilateral lower extremities. The treater is requesting a refill of Nucynta ER 100mg twice a day #60 on 5/26/14. Nucynta (Tapentadol) is an opiate, a combination drug with mu-receptor agonist and noradrenergic uptake inhibitor. MTUS does not discuss the use of Nucynta for chronic pain. Therefore, alternative guidelines are referenced. ODG states that Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treater indicates a decrease in pain with current medications which include Nucynta ER, but there is no discussion of this medication's efficacy in terms of functional improvement, quality of life change, or increase in activities of daily living. Given the lack of sufficient documentation warranting long term opiate use, the request is not medically necessary.