

Case Number:	CM14-0010246		
Date Assigned:	02/21/2014	Date of Injury:	04/01/2010
Decision Date:	06/25/2014	UR Denial Date:	12/27/2013
Priority:	Standard	Application Received:	01/23/2014

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:

This 50 year-old patient sustained an injury on 4/1/10. Request(s) under consideration include Nucynta 50MG #120. MRI of the lumbar spine on 7/12/13 showed spondylosis at L4-5 without significant neural foraminal or canal stenosis with incidental hemangioma in S1. EMG of 12/5/13 noted mild suggestive diffuse injury at L4-S1 nerve roots with "difficulty to be precise with localization because no individual muscles in the right leg showed acute denervation." Report of 2/11/14 noted low back pain with no significant symptomatic or functional changes. Exam showed pain of range of motion maneuver; antalgic gait; without neurological deficits. Medications list Wellbutrin, Nucynta, Venlafaxine, Norco, Trazodone, Diclofenac, Cyclobenzaprine, Desyrel, Pantoprazole, and Buspirone. Diagnoses include lumbar strain/discogenic pain/ radiculopathy/ facet syndrome; hip pain/ trochanteric bursitis/ Meralgia paresthetica; and chronic pain. Treatment plan included starting MS Contin and Ambien with discontinuation of Wellbutrin, Nucynta, Norco, and Desert L for the patient to transfer care to another physician as the office/clinic is closing on 2/14/14. A report of 12/26/13 from the provider noted a peer-to-peer discussion regarding drug toxicology screening with inconsistent result negative for Hydrocodone when it was prescribed. The provider noted it will be discussed at the next office visit with the patient. Review of 1/21/14 from the provider noted unchanged chronic symptoms and clinical findings without any identified neurological deficits. There was no mention of aberrant medication behavior as noted prior. The patient was had all medications refilled including Norco 10/325 mg #90 with 3 refills. Request(s) for Nucynta 50MG #120 was not medically necessary on 12/27/13 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chapter Opioids for Chro.

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

Decision rationale: This 50 year-old patient sustained an injury on 4/1/10. Request(s) under consideration include Nucynta 50MG #120. MRI of the lumbar spine on 7/12/13 showed spondylosis at L4-5 without significant neural foraminal or canal stenosis with incidental hemangioma in S1. EMG of 12/5/13 noted mild suggestive diffuse injury at L4-S1 nerve roots with "difficulty to be precise with localization because no individual muscles in the right leg showed acute denervation." Report of 12/26/13 from the provider noted a peer-to-peer discussion regarding drug toxicology screening with inconsistent result negative for Hydrocodone when it was prescribed. The provider noted it will be discussed at the next office visit with the patient. Review of 1/21/14 from the provider noted unchanged chronic symptoms and clinical findings without any identified neurological deficits. There was no mention of aberrant medication behavior as noted prior. The patient was had all medications refilled including Norco 10/325 mg #90 with 3 refills. Report of 2/11/14 noted low back pain with no significant symptomatic or functional changes. Exam showed pain of range of motion maneuver; antalgic gait; without neurological deficits. Medications list Wellbutrin, Nucynta, Venlafaxine, Norco, Trazodone, Diclofenac, Cyclobenzaprine, Desyrel, Pantoprazole, and Buspirone. Diagnoses include lumbar strain/discogenic pain/ radiculopathy/ facet syndrome; hip pain/ trochanteric bursitis/ Meralgia paresthetica; and chronic pain. Treatment plan included starting MS Contin and Ambien with discontinuation of Wellbutrin, Nucynta, Norco, and Desert L for the patient to transfer care to another physician as the office/clinic is closing on 2/14/14. Request(s) for Nucynta 50MG #120 was non-certified on 12/27/13 citing guidelines criteria and lack of medical necessity. Nucynta® (tapentadol) Tablets has the chemical name 3-[(1R, 2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl] phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. Nucynta® (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain especially in light of inconsistent drug screening with aberrant behaviors not addressed by the provider. The Nucynta 50MG #120 is not medically necessary and appropriate.