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| Case Number: | CM14-0012860 | | |
| Date Assigned: | 02/24/2014 | Date of Injury: | 01/29/1993 |
| Decision Date: | 07/25/2014 | UR Denial Date: | 01/09/2014 |
| Priority: | Standard | Application Received: | 01/31/2014 |

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 Occupational Medicine, 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 is a 47-year-old female patient with a 1/24/03 date of injury. The exact mechanism of injury has not been described. A 1/23/14 progress report indicated that the patient complained of pain in the lumbar spine that worsened with flexion, extension and activity. She reported that her pain improved with a morphine pump, although she stated to have nausea from it. The patient reported that her average pain without medication was 10/10 and 7-8/10 with medication. She had a permanent morphine pump since 11/20/13, which was effective for pain improvement. Urine drug screen test result dated on 8/26/13, was positive for Nucynta. Physical exam revealed decreased ranges with range of motion. There was increased pain with lumbar spine extension. There was decreased pain sensation in the right L4-S1 and left L5-S1. She was diagnosed with chronic lumbar radiculopathy, status post anterior lumbar interbody fusion at L3-4 and L4-5, status post implantation of spinal cord stimulation (11/20/13) and status post bilateral knee replacement. She also was diagnosed with major depression. Treatment to date: medication management and physical therapy. She was taking Nucynta 100mg up to 6 per day, and morphine from pump (dosage unspecified). There was a note about mild allergy from Morphine. There is documentation of a previous 1/9/14 adverse determination, based on the fact that there was no documentation of positive effect of prior use of this medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG #180: Upheld

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 Chapter Nucynta.

Decision rationale: CA MTUS does not address this issue. ODG states that Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. However, there was no documentation of significant pain improvement. There was evidence that her daily dose of MED exceeded 200; she was taking 600mg of Nucynta and morphine from a pump. There is no clear description of failure of first line agents. In addition, high doses of opiates put the patient at risk for respiratory depression and overdose. Therefore, the request for Nucynta 100mg #180 was not medically necessary.