

<b>Case Number:</b>	CM14-0123519		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	10/03/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/05/2014

### 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 Family 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 59-year-old female with a 5/18/10 date of injury. The mechanism of injury was not noted. The most recent report provided for review is dated 8/16/12. The UR decision dated 7/24/14 referenced a visit note dated 7/17/14, however, this note was not provided for review. According to the 7/17/14 note, the patient continued to do well and continued to progress on a daily basis. She stated that she still had mild right leg pain with mild numbness and tingling sensation but improving since surgery. The pain was rated 6/10. No objective findings were noted. Diagnostic impression: depressive disorder, displacement lumbar intervertebral disc without myelopathy, degenerative lumbar/lumbosacral intervertebral disc, spinal stenosis lumbar region without neurogenic claudication, thoracic/lumbosacral neuritis/radiculitis. Treatment to date: medication management, activity modification. A UR decision dated 7/24/14 denied the request for Nucynta. Nucynta is an "N" drug on the ODG formulary. There is no documentation of failed trial of "Y" drugs in this class and documentation indicating that this medication is more beneficial. Furthermore, there is no documentation of current urine drug test, risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant as mandated by CA MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg, #21: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**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. 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 agonist and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of Oxy IR, 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 Oxy IR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. There is no documentation that the patient has had a trial and failed a first-line opioid medication. In addition, there is no documentation of significant pain reduction or improved activities of daily living. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Nucynta 50mg, #21 was not medically necessary.