

Case Number:	CM14-0150973		
Date Assigned:	09/19/2014	Date of Injury:	05/02/2013
Decision Date:	10/24/2014	UR Denial Date:	09/02/2014
Priority:	Standard	Application Received:	09/16/2014

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:

The injured worker is a 60-year-old male who reported an injury on 05/02/2013. The mechanism of injury involved a fall. The current diagnoses include cervicalgia, cervical radiculopathy, cervical disc protrusion, lumbar radiculopathy, lumbar facet dysfunction, anxiety, hip pain, chronic pain syndrome, opioid dependence, and left shoulder pain. The previous conservative treatment is noted to include physical therapy, injections, spinal cord stimulation, and medications. The injured worker was evaluated on 08/13/2014 with complaints of persistent headaches, neck pain, low back pain, and bilateral hip pain. The injured worker also reported activity limitation and difficulty sleeping. The physical examination revealed positive straight leg raising, positive Patrick's testing, positive facet loading maneuver, decreased sensation in the right lower extremity, tenderness to palpation, sacroiliac joint tenderness, greater trochanteric bursa tenderness, and positive O'Brien's testing in the left shoulder. The treatment recommendations at that time included a refill of the current medication regimen including Nucynta ER 250 mg. There was no Request For Authorization form submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg, QTY: 30 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines

(ODG) Treatment in Workers Compensation (TWC): Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) (updated 07/10/14), Tapentadol (Nucynta)

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

Decision rationale: The Official Disability Guidelines recommend Nucynta only as a second line option for patients who develop intolerable adverse effects with first line opioids. The injured worker is noted to be taking Percocet as well as Nucynta. There is no documentation of intolerable adverse effects. Therefore, the injured worker does not meet criteria for the requested medication. There is also no frequency listed in the request. As such, the request is not medically appropriate.