

Case Number:	CM14-0163081		
Date Assigned:	10/08/2014	Date of Injury:	11/21/1997
Decision Date:	11/07/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/03/2014

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 & Rehabilitation, has a subspecialty in Pain 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:

The injured worker is a 53-year-old female with an original date of injury of November 21, 1997. The injured worker has chronic low back pain, lumbar radiculitis, gait abnormality, lumbar degenerative joint disease, and severe facet arthrosis as per imaging studies. The disputed issue is a request for Nucynta. A utilization review determination had modified this request as the prescribed medication exceeded the recommended dose of 120 mg equivalents of morphine per day. Therefore the request for Nucynta 100 mg for a quantity of 120 pills was modified to allow 90 pills. The reasoning of the utilization reviewer was that "ongoing use should include evidence of quantitative functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nucynta 100mg #120: 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), Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

Decision rationale: Regarding the request for Tapentadol (Nucynta), California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no recent objective documentation regarding aberrant use. There is a progress note on date of service 4/23/2014 that documents the patient had normal urine drug testing and reported 50% improvement in her activities of daily living and pain control with the current medications. However, actual urine drug testing results are not evident in the submitted documentation. This is despite the progress note reporting normal urine drug testing. In fact, the submitted documentation includes records from over one year ago when the patient was on a different narcotic pain medication and there are still no urine drug toxicology reports available for review. In light of this lack of monitoring for aberrancy, the currently requested Tapentadol (Nucynta) is not medically necessary.