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| Case Number: | CM14-0166168 | | |
| Date Assigned: | 10/13/2014 | Date of Injury: | 08/20/2012 |
| Decision Date: | 12/11/2014 | UR Denial Date: | 09/25/2014 |
| Priority: | Standard | Application Received: | 10/08/2014 |

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 40-year-old male with an 8/20/12 date of injury. According to a progress report dated 10/8/14, the patient complained of back pain radiating from his low back down both legs. His pain level has remained unchanged since his last visit. He has not been trying any other therapies for pain relief. He stated that his medications were working well. Objective findings include restricted range of motion of lumbar spine, tenderness of paravertebral muscles on both sides, lumbar facet loading is positive on both sides, tenderness noted over the right gluteus medius, and loss of normal lordosis with straightening of the lumbar spine. Diagnostic impression: lumbar radiculopathy, spinal/lumbar degenerative disc disease, low back pain. Treatment to date includes medication management, activity modification, physical therapy, chiropractic treatment, and an epidural steroid injection. A UR decision dated 9/25/14 modified the request for Nucynta 50mg #30 to allow this 1 fill for weaning purposes. The claimant does not have a documented diagnosis for which chronic opioids are recommended. Moreover, the medical records do not clearly meet the four A's of opioid management to include documentation of functional benefit from opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #30: Upheld

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

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: 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, in the present case, there is no documentation that the patient has had a trial and failure of a first-line opioid medication. In addition, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. 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 #30 is not medically necessary.