

Case Number:	CM14-0170350		
Date Assigned:	10/20/2014	Date of Injury:	11/02/1999
Decision Date:	11/26/2014	UR Denial Date:	10/10/2014
Priority:	Standard	Application Received:	10/15/2014

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:

Patient is a 51 year-old female with date of injury 11/02/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 10/01/2014, lists subjective complaints as pain in the neck and low back. Objective findings: Examination of the lumbar spine revealed tenderness to palpation of the lumbosacral junction and bilateral sacroiliac joints. Diagnosis: 1. Cervical disc injury 2. Lumbar disc injury 3. Lumbar degenerative intervertebral disc 4. Knee joint pain. First reviewer modified the original medication request to a) Nucynta 100 ER, #120 b) Flexeril 10mg, #60. The medical records supplied for review document that the patient was first prescribed the following medication on 10/01/2014. Medications: 1. Nucynta 100mg ER, #660 SIG: one every 12 hours 2. Flexeril 10mg, #990 SIG: one tablet three times a day

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg ER #660: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.odgtwc.com/index.html?odgtwc/pain.htm#Tapentadol>

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

Decision rationale: According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to a standard narcotic regimen. In addition, the amount prescribed with the refills is excessive and not supported by the ODG. Nucynta 100mg ER #660 is not medically necessary.

Flexeril 10mg #990: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 41, 64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines do not recommend long-term use of muscle relaxants such as cyclobenzaprine. The patient has been prescribed a large amount of cyclobenzaprine which is far more than the amount needed to complete a 2-3 week course that is recommended by the MTUS. Flexeril 10mg #990 is not medically necessary.