

Case Number:	CM14-0184642		
Date Assigned:	11/12/2014	Date of Injury:	06/03/2013
Decision Date:	12/30/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/05/2014

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 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 3, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery, and opioid therapy. In a Utilization Review Report dated October 21, 2014, the claims administrator failed to approve request for Nucynta extended release. The claims administrator stated that its denial was based almost entirely on the fact that Nucynta was deemed non-formulary by ODG. Comparatively little weight was given to MTUS Guidelines. The claim administrator did not state whether the request was a first-time request or a renewal request. The claims administrator referenced an October 14, 2014 RFA form in its denial and a July 15, 2014 progress note. The applicant's attorney subsequently appealed. In an April 2, 2014 progress note, the applicant reported ongoing complaints of neck pain. The applicant was pending further cervical spine surgery, it was acknowledged. The applicant was asked to employ Percocet for pain relief on the grounds that Norco was no longer providing sufficient analgesia. The applicant was placed off of work, on total temporary disability. On July 15, 2014, the applicant reported ongoing complaints of neck and arm pain. The applicant was placed off of work, on total temporary disability, while unspecified medications were renewed. The applicant was asked to transfer care to a pain management physician via a July 31, 2014 RFA form. In a Medical-legal Evaluation dated September 11, 2014, the applicant was currently using Inderal, Verapamil, Percocet, Tramadol, Neurontin, Soma, and Lunesta. The applicant was described as status post cervical fusion surgery with associated residuals. On September 29, 2014, the applicant reported persistent complaints of neck, bilateral arm, and bilateral leg pain. The applicant presented requesting a change in medications. The applicant's medication list up through this point apparently included

Neurontin, Naproxen, Percocet, Inderal, Soma, Tizanidine, Tramadol, and Verapamil, it was stated. 7/10 pain was reported. The applicant was not currently employed, it was acknowledged. Tizanidine, Soma, Percocet, Neurontin, and Naproxen were endorsed. The applicant was asked to continue Percocet, gabapentin, and Naproxen. The applicant was asked to employ Tizanidine on a trial basis. The applicant was kept off of work. It appears that Nucynta was later requested for the first time on October 10, 2014 via prescription form of October 10, 2014 and/or through a progress note of November 5, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid use for chronic pain.

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

Decision rationale: Nucynta was apparently sought for the first time on October 10, 2014, a survey of the file suggests. The MTUS does not address the topic of Nucynta. ODG's Chronic Pain Chapter tapentadol (Nucynta) topic notes that Nucynta or tapentadol is recommended only as second-line therapy for applicants who develop intolerable adverse effects with first-line opioids. ODG further notes that tapentadol extended release or Nucynta extended release is FDA approved for moderate-to-severe chronic pain, as of August 2011. Contrary to what was suggested by the claims administrator, the applicant had, in fact, failed several first and second-line opioids, including Norco, Percocet, etc., before Nucynta was introduced, along with a variety of other non-opioid agents, including Neurontin, naproxen, etc. The earlier opioid agents such as Norco and Percocet were, at best, providing inadequate analgesia. The applicant continued to report severe complaints of neck pain up through the date Nucynta was endorsed and was, moreover, off of work, implying that prior use of Norco and Percocet was, in fact, unsuccessful. Therefore, the first-time request for Nucynta extended release was medically necessary.