

<b>Case Number:</b>	CM14-0020516		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	07/17/2013
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/19/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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 61-year-old male patient with a 7/17/13 date of injury. He was a mechanic and lost his footing and fell approximately 6 feet on to his back. A 12/18/13 progress report indicated that the patient complained of persistent pain in the lower back that radiated to the left groin and down to the left lateral back. He stated he had persistent stiffness in his back and soreness. Physical exam revealed positive straight left leg raise with pain at 90 degrees. He had limited lumbar range of motion. He was diagnosed with L4-5 lumbar spinal stenosis with lumbar radiculopathy. Treatment to date: medication management, activity modification. There is documentation of a previous 1/17/14 adverse determination, because, as of 12/18/13 progress report, there was no documentation to support benefits of Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA TAB 75MG, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Page(s): 76-80.

**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:** CA MTUS does not address this issue. 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, there was no documentation of functional gains or pain relief. In addition, it was not clear if this new prescription or chronic prescription. There was no documentation of failure of a first-line agent prior to initiating Nucynta. Therefore, the request for Nucynta tab 75mg, #90 was not medically necessary.