

Case Number:	CM14-0039882		
Date Assigned:	06/27/2014	Date of Injury:	03/03/2011
Decision Date:	07/30/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/04/2014

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 and Rehabilitation, 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 50-year-old female who reported an injury on 03/03/2011. The mechanism of injury was not provided. On 03/07/2014, the injured worker presented with cervical spine, left knee, left hip, left wrist, bilateral ankle pain. On examination of the lumbar spine there was tenderness to palpation and muscle spasms. Prior therapy includes psychological treatment and medications. The clinical note was highly illegible. The provider recommended Nucynta 50 mg with a quantity of 45, the provider's rationale was not provided. The Request for Authorization Form was dated 03/07/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #45: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment Index, 11th Edition (web), 2013, Pain/Tapentadol (Nucynta™).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

Decision rationale: The Official Disability Guidelines recommend Nucynta as a second line therapy for injured worker's who develop intolerable adverse effects with first line opioids. The

recent large RCTs concluded that Nucynta was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with superior gastrointestinal tolerability profile and fewer treatment discontinuations. Nucynta has the same pain relieving benefits of OxyIR, as well as the risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared to oxycodone. Nucynta may be recommended as a second line choice if injured workers have complaints of constipation, nausea, and/or vomiting. The included medical documentation does not indicate that the injured worker has failed a trial of first line opioids, or that the injured worker has gastrointestinal symptoms. The clinical notes state that the injured worker was negative for nausea, vomiting, heartburn, ulcers, constipations, diarrhea, stomach pain, or any gastrointestinal issues. The length of time that the injured worker has been prescribed Nucynta and the efficacy of the medication was not documented. Additionally, the provider's request did not indicate the frequency of the medication. As such, the request is not medically necessary.