

Case Number:	CM14-0045605		
Date Assigned:	04/16/2014	Date of Injury:	11/03/2001
Decision Date:	05/20/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/02/2014

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, and is licensed to practice in Florida. 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 41-year-old male who reported an injury on 11/03/2001. The mechanism of injury was not stated. Current diagnoses include lumbar postlaminectomy syndrome and chronic pain syndrome. The injured worker was evaluated on 02/06/2014. The injured worker reported 8/10 lower back pain. Current medications include Nucynta ER 50 mg. Physical examination revealed tenderness to palpation of the lumbar spine with decreased sensation in the right S1 distribution. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 50MG TAKE 1 TABLET EVERY 12 HOURS AS DIRECTED #30:

Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96.

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, section on Tapentadol (Nucynta)

Decision rationale: The Official Disability Guidelines state Nucynta is recommended as a second line option for patients who develop intolerable adverse effects with first line opioids.

The injured worker does not appear to meet criteria for the requested medication. There is no documentation of intolerable adverse effects with first line opioids. The injured worker has utilized Nucynta ER 50 mg since 06/2013. There is no documentation of objective functional improvement. As such, the request is not medically necessary and appropriate.