

Case Number:	CM14-0055088		
Date Assigned:	07/09/2014	Date of Injury:	03/31/1999
Decision Date:	08/28/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	04/24/2014

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 & Rehabilitation and is licensed to practice in Arizona. 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 54-year-old male with a date of injury on 3/31/1999. This gentleman suffered a work-related injury causing significant back pain. He has received significant amount of treatment. He underwent L4-5 and L5-S1 fusion in 2001. He was able to return to work for several years however currently he is not working due to ongoing pain. The patient has been on significant amount of medication for pain control. These have included Lidoderm, Protonix, Lyrica and Nucynta. The patient has also undergone physical therapy, pool therapy and chiropractic care. His pain level fluctuates from 3-4/10 and sometimes 7-8/10. The use of Nucynta has been somewhat successful. He has been using different doses depending on activities and pain level. He is more comfortable with small doses but 2-4 times a day doses causes him to have side effects. The treating physician has mentioned repeatedly that there may be a significant psychological component to the pain. The continued use of Nucynta has been recommended by the treating physician therefore a prescription of 50 mg #120 was requested. The medical reviewer in April, 2014 certified the need for 60 tablets for tapering this medication and did not feel that 120 tablets are necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: Tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first-line opioids. Efficacy has been found to be similar to Oxycodone or OxyIR for management of chronic osteoarthritis and back pain but with a superior gastrointestinal tolerability profile. It is a schedule 11 control substance. Significant cognitive effects can occur with chronic use. It is prone to be abused. A review of the records seems to indicate that he is not tolerating this drug very well, most times he uses only twice daily dose. Therefore this patient's pain could be managed by alternate methods or different medication which may be more suitable therefore 60 tablets is reasonable for tapering off purposes. Nucynta 50mg #120 is not medically necessary.