

Case Number:	CM14-0058552		
Date Assigned:	07/09/2014	Date of Injury:	01/28/2008
Decision Date:	08/28/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	04/29/2014

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 Emergency 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 injured worker is a 44 year-old male, who sustained an injury on January 28, 2008. The mechanism of injury occurred while carrying a scrubber down stairs. Diagnostics have included: March 4, 2013 lumbar spine MRI was reported as showing central canal stenosis at L2-4; February 28, 2014 urine drug screen was reported as positive for Hydrocodone and Hydromorphone. Treatments have included: medications, physical therapy, chiropractic, lumbar epidural steroid injection, and lumbar medial branch blocks. The current diagnoses are: lumbar radiculopathy, lumbar facet syndrome, lumbar spondylosis and spinal stenosis, lumbar degenerative disc disease. The stated purpose of the request for Retrospective request with date of service of 3/21/2014 for Nucynta 50mg ATY: 45.00, was to provide pain control as Ultram was ineffective. The request for Retrospective request with date of service of 3/21/2014 for Nucynta 50mg ATY: 45.00, was denied on April 23, 2014, noting that it was a duplicate of a March 14, 2014 authorized request. Per the report dated March 21, 2014, the treating physician noted unchanged lower backache, decreased activity levels but medications were working well. Exam findings included thoracic-lumbar tenderness with restricted range of motion, positive bilateral facet loading test, negative straight leg raising test, decreased sensation to the right foot and decreased bilateral EHL and ankle dorsi-plantarflexors. Per the March 14, 2014 report, the treating physician was initiating a trial of Nucynta as Ultram was ineffective. Per the June 3, 2008 QME report, Future Medical Treatment included physician follow-up, medications, trigger point injections and epidural blocks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request with date of service of 3/21/2014 for Nucynta 50mg ATY: 45.00:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Tapentadol (Nucynta).

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, see Nucynta:Tapentadol (Nucynta).

Decision rationale: The requested Retrospective request with date of service of 3/21/2014 for Nucynta 50 mg QTY: 45.00, is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is not recommended, but only Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The injured worker has lower backache. The treating physician has documented thoracic-lumbar tenderness with restricted range of motion, positive bilateral facet loading test, negative straight leg raising test, decreased sensation to the right foot and decreased bilateral EHL and ankle dorsi-plantarflexors. Per the March 14, 2014 report, the treating physician noted that he was initiating a trial of Nucynta as Ultram was ineffective. However, the February 28, 2014 urine drug screen was negative for Tramadol. Therefore, it is not documented whether the injured worker was in fact taking Ultram/Tramadol, and thus a failed trial of first-line therapy has not been established. The criteria noted above not having been met, Retrospective request with date of service of 3/21/2014 for Nucynta 50mg ATY: 45.00, is not medically necessary.