

Case Number:	CM14-0062044		
Date Assigned:	07/11/2014	Date of Injury:	09/11/2006
Decision Date:	09/08/2014	UR Denial Date:	04/10/2014
Priority:	Standard	Application Received:	05/05/2014

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 Occupational 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:

This is a 51-year-old female with a 9/11/06 date of injury. The mechanism of injury was not noted. According to a progress report dated 4/3/14, the patient presented with sharp, aching, dull, and burning pain of her neck, back, and legs. She stated her pain is a 7/10 on a pain scale of 0-10. The patient reported that her sitting tolerance, standing tolerance, and walking tolerance is improved by 30 percent with opioid medications. Her lifting tolerance, household chore tolerance, and work tolerance are improved by 10% and unchanged. Objective findings: normal gait, spasm present in the lumbar paravertebral region, restricted ROM of lumbar spine, ROM of cervical spine is reduced, tenderness present in the cervical paravertebral regions bilaterally, sensations are diminished in the right upper extremity, diffuse give away weakness in right upper extremity, pain with facet loading. Diagnostic impression: cervical spondylosis, cervical radiculopathy, lumbar spine radiculopathy, lumbosacral spondylosis without myelopathy. Treatment to date: medication management, activity modification. A UR decision dated 4/10/14 denied the request for Nucynta. There is no documented significant functional improvement with ongoing use of multiple addictive oral opioids compared to non-opioid meds. There were no documented efforts to decrease or discontinue addictive opioids. Also, the urine drug test 1/16/14 shows use of other controlled substances not prescribed by the doctor and not documented in the medical chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

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: 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. According to the reports reviewed, there is no documentation of significant improvement in pain or increase in activities of daily living. There is no documentation that the patient has not been able to tolerate a first-line opioid medication. In addition, it is documented that the patient is also on Hydrocodone/APAP 10-325 mg for breakthrough pain. Guidelines do not support the simultaneous use of two short-acting opioid medications. Furthermore, a urine drug screen dated 1/16/14 was inconsistent and positive for THC (Marijuana). There is no documentation that the provider has addressed this issue and the issue of aberrant behavior. Additionally, the quantity of medication was not noted in this request. Therefore, the request for Nucynta 50 mg is not medically necessary.