

Case Number:	CM14-0065467		
Date Assigned:	07/11/2014	Date of Injury:	03/17/2000
Decision Date:	09/16/2014	UR Denial Date:	04/09/2014
Priority:	Standard	Application Received:	05/08/2014

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 Preventive Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Texas. 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 61 year old male who was injured at work on 03/17/2000. The injured worker complains of severe low back pain, painful right hip, and pain in his right lower extremity. The pain is shooting, burning, sharp and piercing. The pain is present 50% of the time, it affects his activities of daily living, as a result of which he needs assistance from his spouse. The pain is said to have worsened following the discontinuation of Tapentadol, one of his pain medications, at the recommendation of the Utilization reviewer. He has not worked since the injury. His examination is positive for flattened lumbar lordosis, tenderness between the lower back and the buttocks areas. He has positive sitting straight leg raise. He is being treated for post laminectomy syndrome, and Depressive disorder not elsewhere classified. Currently, he is being treated with Amitriptyline, Wellbutrin, Fluconazole, Lisinopril, and Gabapentin. Also, he has recently been started on Tramadol following the discontinuation of Tapentadol. There are plans to have him start physical therapy. In dispute is the request for Nucynta 50mg, #30 for Low Back Injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, #30 for Low Back Injury: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Appendix A: ODG Workers' Compensation Drug Formulary.

Decision rationale: Tapentadol (Nucynta) is an N drug in the Official Disability Guidelines, meaning it is not a first line drug, therefore requires authorization, and can only be authorized when there are good reasons against the use of first line drugs. There is no document in the reports reviewing explaining why he is not on first line drugs like opioids if he is determined to be an appropriate candidate for opioids. Therefore, the request is not medically necessary.