

Case Number:	CM14-0069423		
Date Assigned:	07/14/2014	Date of Injury:	10/18/2000
Decision Date:	09/16/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	05/14/2014

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 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:

According to the records made available for review, this is a 55-year-old male with a 10/18/00 date of injury. At the time (4/23/14) of request for authorization for Nucynta 75mg #120, there is documentation of subjective (constant low back pain) and objective (pain on extension and flexion of lumbar spine, bilateral lumbar spasm were noted, and normal lower extremities strength) findings. The current diagnoses include lumbar facet arthropathy and lumbar discogenic spine pain. The patient's treatment to date includes ongoing treatment with Nucynta since at least 12/20/13. The medical report identifies that there is ongoing opioid treatment assessment. In addition, medical report identifies that medications provide 50-60% pain relief and allow the patient to work for 4-6 hours a day without side effects. There is no documentation of Nucynta used as a second line treatment due to intolerable adverse effects with first line opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. The ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of lumbar facet arthropathy and lumbar discogenic spine pain. In addition, there is documentation of ongoing treatment with Nucynta. Furthermore, given documentation of ongoing opioid treatment assessment, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Lastly, given documentation that Nucynta provides 50-60% pain relief and allows the patient to work for 4-6 hours a day without side effects, there is documentation of functional benefit and improvement as a reduction in work restrictions as a result of Nucynta use to date. However, there is no documentation of Nucynta used as a second line treatment due to intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 75mg #120 is not medically necessary.