

Case Number:	CM14-0071107		
Date Assigned:	07/14/2014	Date of Injury:	04/25/1996
Decision Date:	08/26/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 California and is licensed to practice in Anesthesiology, has a subspecialty in Pain Management. 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 56-year-old female with a 4/25/96 date of injury. At the time (4/8/14) of request for authorization for Nucynta ER 150mg #60 and Nucynta IR 150mg #60, there is documentation of subjective (chronic moderate to severe generalized pain and radicular pain) and objective (anxious/depressed mood and an antalgic gait) findings, current diagnoses (bilateral knee pain, pain disorder associated with psychological and medical condition, low back pain, cervicalgia, depression, and generalized pain), and treatment to date (medications (Norco and Oxycontin with lack of improvement)). In addition, medical report identifies a trial of Nucynta given lack of response and decreased functioning with Norco and Oxycontin. There is no 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.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Nucynta ER 150mg #60: Upheld

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

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. The ODG identifies documentation of moderate to severe pain; and 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 bilateral knee pain, pain disorder associated with psychological and medical condition, low back pain, cervicgia, depression, and generalized pain. In addition, there is documentation of moderate to severe chronic pain. Furthermore, given documentation of a plan identifying a trial of Nucynta given lack of response and decreased functioning with Norco and Oxycontin, there is documentation that Nucynta is being used as a second line therapy resulting from intolerable adverse effects with first line opioids. However, there is no 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. Therefore, based on the guidelines and a review of the evidence, the request for Nucynta ER 150mg #60 is not medically necessary.

1 Prescription of Nucynta IR 150mg #60: Upheld

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

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. The ODG identifies documentation of moderate to severe pain; and 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 bilateral knee pain, pain disorder associated with psychological and medical condition, low back pain, cervicgia, depression, and generalized pain. In addition, there is documentation of moderate to severe chronic pain. Furthermore, given documentation of a plan identifying a trial of Nucynta given lack of response and decreased functioning with Norco and Oxycontin, there is documentation that Nucynta is being used as a second line therapy resulting from intolerable adverse effects with first line opioids. However, there is no 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. Therefore, based on the guidelines and a review of the evidence, the request for Nucynta IR 150mg #60 is not medically necessary.