

Case Number:	CM14-0077398		
Date Assigned:	07/25/2014	Date of Injury:	08/06/2000
Decision Date:	08/28/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/27/2014

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 Anesthesia, has a subspecialty in Acupuncture & Pain 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:

Injured worker is a 61 year old female with date of injury 8/6/00 with related back pain. Per progress report dated 6/24/14, the injured worker reported pain 8-9/10 without pain medication, and 5/10 with. It is noted that without Nucynta, she is bedridden with pain throughout her entire body. Her diagnoses include fibromyalgia and chronic pain syndrome. MRI of the cervical spine dated 7/3/01 revealed post-surgical fusion of the C6-C7 vertebral bodies with resultant degenerative disc disease at C5-C6 and C7-T1. There were posterior disc marginal osteophytes and bilateral uncovertebral spondylosis at C5-C6 which caused moderate right and mild left neural foraminal narrowing. There was no spinal stenosis or other neural foraminal narrowing identified. She has been treated with physical therapy and medication management. The date of UR decision was 5/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the 4 A's (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS is silent on the use of Nucynta specifically. With regard to tapentadol (Nucynta), the ODG states: Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. Upon review of the submitted documentation it is indicated per 6/24/14 progress report that the injured worker's pain is reduced from 8-9/10 to 5/10 with this medication. Additionally, without it she is bedridden with pain in her entire body. It is unclear whether the injured worker has recently failed first line opioids; however, her history is significant for treatment with OxyContin, hydrocodone, and fentanyl. Monthly urinal drug screening (UDS) reports are present in the documentation between 7/2013 and 2/2014 and are consistent with prescribed medications. The injured worker has signed an opiate agreement. The request is medically necessary.