

Case Number:	CM14-0081638		
Date Assigned:	07/18/2014	Date of Injury:	12/30/2013
Decision Date:	09/09/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	06/02/2014

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:

The patient is a 35 year old female who was injured on 12/30/2013. The mechanism of injury is unknown. Prior medication history included Butrans which caused sedation, Tramadol which did not help and Soma. Diagnostic studies reviewed include MRI of the lumbar spine dated 02/21/2014 did not demonstrate any evidence of disc herniation or facet hypertrophy. Progress report dated 04/28/2014 states the patient complained of pain in the low back. She had been started on Nucynta 100 mg and patient states this only controls her pain for 5-6 hours. Her pain score without medications is a 9/10 and with medications is a 6/10. She stated her pain is aching, burning and it increases with sitting. There are no radicular symptoms documented. She does have an opioid agreement on file. On exam, she has tenderness over the right L4-5 and L5-S1 lumbar paraspinals with guarding and 50% range of motion. Straight leg raise produces low back pain. She is diagnosed with low back pain and myofascial pain. She has been recommended for chiropractic therapy and prescribed Nucynta 50 mg and Nucynta 100 mg. Prior utilization review dated 05/15/2014 states the request for Nucynta 100mg #60 and Nucynta 50mg #90 is not certified as Nucynta is recommended as a second line therapy. There is no evidence to support this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Tapentadol (Nucynta).

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. "Efficacy of long-term opioid use for chronic low back pain and neuropathic pain is not clearly established. Nucynta is an opioid, which may be recommended if patients experience intolerable adverse effects to first-line opioid medications." This is a request for Nucynta for a 35-year-old female injured on 12/30/13 with chronic low back pain. However, while Norco and Tramadol apparently did not provide sufficient relief, intolerable side effects are not noted. Further, clinically significant functional improvement from use of Nucynta is not evident from provided history and examination findings. In addition the patient had a lumbar MRI on 2/21/14 that was read as completely normal. This patient does not appear to need opioid therapy. There is very little subjective and no objective evidence of nociceptive or neuropathic pain. Medical necessity is not established.

Nucynta 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-97. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Tapentadol (Nucynta).

Decision rationale: According to MTUS guidelines, opioids may be indicated for moderate to severe pain. "Efficacy of long-term opioid use for chronic low back pain and neuropathic pain is not clearly established. Nucynta is an opioid, which may be recommended if patients experience intolerable adverse effects to first-line opioid medications." This is a request for Nucynta for a 35-year-old female injured on 12/30/13 with chronic low back pain. However, while Norco and Tramadol apparently did not provide sufficient relief, intolerable side effects are not noted. Further, clinically significant functional improvement from use of Nucynta is not evident from provided history and examination findings. In addition the patient had a lumbar MRI on 2/21/14 that was read as completely normal. This patient does not appear to need opioid therapy. There is very little subjective and no objective evidence of nociceptive or neuropathic pain. Medical necessity is not established.