

Case Number:	CM14-0176248		
Date Assigned:	10/29/2014	Date of Injury:	09/06/2013
Decision Date:	01/08/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/23/2014

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 Family 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:

This is a 54 year old male patient who sustained a work related injury on 9/06/2013. The current diagnoses include bilateral shoulder tendinopathies, cervical sprain/strain with spondylitic change, lumbar sprain, bilateral knee sprain and reactive depression. Per the doctor's note dated 9/10/2014, patient had complaints of mid and lower back pain with radiation to the leg, bilateral shoulder pain; depression. Physical examination revealed cervical spine- limited range of motion; right shoulder- tenderness, limited range of motion, positive impingement sign; right elbow- positive Tinel's sign at the ulnar groove, positive Phalen's and Tinel's sign in the right hand; left shoulder- some limited range of motion with a positive impingement sign; lumbar spine- limited range of motion, sensory loss to light touch and pinprick in the right lateral calf and bottom of his foot; both knees- crepitus passively on flexion to extension passively in both knees, full active range of motion and painful patellar compression test. The medication list includes Nucynta, Mobic and Zoloft. He has had EMG/NCS which revealed right cubital tunnel and carpal tunnel syndrome. He has had right knee MRI dated 8/1/14 which revealed mild joint effusion, mild lateral subluxation of the patella with thinning of the articular cartilage both medially and laterally in the patella, grade 2 degenerative changes posterior to midportion of the medial meniscus and mild edema anterior to the intra patellar pole and intrapatellar tendon; left knee MRI dated 8/1/14 which revealed mild joint effusion, mild lateral subluxation of the patella with thinning of the articular cartilage, bony edema inferior to the tibial spines and some cystic changes, maceration and small tears in the posterior to midportion of the medial meniscus with grade 1 degenerative changes anterior horn of the lateral meniscus and mild degenerative changes in all compartments of the knee; MRI lumbar spine dated 8/4/14 which revealed multilevel degenerative disc disease of the lumbar spine with mild central spinal canal stenoses at L2-3 and L4-5 given a variety of factors, multilevel variable foraminal stenosis as well as

lateral recess stenoses; MRI right shoulder dated 8/14/14 which revealed a small full-thickness tear involving the anterior insertion of the supraspinatus tendon, Probable subscapularis tendinosis and moderately advanced arthritic changes. He has had urine drug screen on 6/13/14 with negative results. Other therapy for this injury was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for Nucynta 100 mg #120 1 tab four times daily as needed for pain:

Overtured

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines-Pain Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta)

Decision rationale: CA MTUS does not specifically address Nucynta. Nucynta (Tapentadol) is a centrally acting opioid agonist similar to Tramadol. Per the ODG cited above 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. On November 21, 2008, the FDA approved Tapentadol immediate-release tablets for relief of moderate to severe acute pain. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with Oxycodone; Nucynta was already approved for acute pain. According to the records provided patient had mid and lower back pain with radiation to the leg, bilateral shoulder pain and bilateral knee pain. He has had multiple diagnostic studies with abnormal findings. A request for 1 Prescription for Nucynta 100 mg #120 1 tab four times daily as needed for pain is medically appropriate and necessary for this patient at this juncture for chronic pain as well as for use during acute exacerbations.