

Case Number:	CM14-0191534		
Date Assigned:	11/25/2014	Date of Injury:	04/20/2013
Decision Date:	01/13/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/17/2014

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 48 years female patient who sustained an injury on 4/20/2013. She sustained the injury while she was sweeping with a broom and twisting, she heard a pop, and pain extended down her low back. The current diagnoses include chronic pain syndrome, status post lumbar fusion and depression. Per the doctor's note dated 10/21/14, she had chronic pain syndrome. Per the doctor's note dated 8/28/14, she had complaints of low back pain with radiation to left leg. She had been crying, and she was having frequent crying spells. The physical examination revealed forward bend 20 degrees, strength 5/5, brisk reflex at both knee and at the right ankle, and diminished sensation in the left foot and leg, extremely limited range-of-motion and unable to bend further than 30 degrees forward flexion and 10 degrees extension and pain with motion in every direction. The medications list includes Percocet, Soma, Ambien, Elavil and Nucynta. She has had an EMG and nerve conduction studies dated 10/16/2012 which revealed L5 radiculopathy with some involvement of the S1. She had undergone lumbar fusion at L4-S1 in 2006. She has had trigger point injections with 30 % relief of pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg qty:1.00: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Tapentadol (Nucynta)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); Chapter: Pain (updated 12/31/14) 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. (Afilalo, 2010) (Buynak, 2010) (Lange, 2010) 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. (FDA, 2011)." According to the records provided patient had severe lower back pain with radiation to the right leg with restricted range of motion. She has history of lumbar surgery. Per the records, she had been crying, and she was having frequent crying spells. The physical examination revealed diminished sensation in the left foot and leg, extremely limited range-of-motion. A request for Nucynta ER 250mg qty:1.00 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.