

Case Number:	CM14-0192900		
Date Assigned:	11/26/2014	Date of Injury:	06/22/2004
Decision Date:	03/03/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 injured worker is a sixty-seven year old male who sustained a work-related injury on June 22, 2004. A request for Nucynta ER 250 mg #60 was modified by Utilization Review (UR) on October 27, 2014 to Nucynta ER 250 mg #45 for prn use for episodic exacerbations of severe pain. The UR physician utilized the California (CA) Medical Treatment Utilization Schedule (MTUS) in the determination. The CA MTUS recommends central analgesic drugs to be effective in managing neuropathic pain and should be considered first-line therapy for the prompt pain relief while titrating a first line drug, for treatment of episodic exacerbations of severe pain and for treatment of neuropathic cancer pain. The UR physician found that the injured worker complained of pain in the neck, right shoulder, low back, right hip and bilateral heels. His range of motion was restricted to flexion, extension, lateral rotation to the left and to the right. There was tenderness over the paravertebral muscles. In that the medication is recommended by the guidelines for episodic exacerbations rather than on a daily basis, the UR physician modified the request to Nucynta ER 250 mg #45 for as-needed use for episodic exacerbations. A request for Independent Medical Review (IMR) was initiated on November 10, 2014. The documentation submitted for clinical review included medical evaluations from January 30, 2007 through November 12, 2014. The injured worker sustained injuries to his neck, back, bilateral arms and shoulders, stomach, melanoma of the face and hearing loss. Previous treatments included medication management, physical therapy, chiropractic therapy, epidural injections and surgery in the form of retroperitoneal lumbar spine fusion at L3-4 and L5-S1, revision of the L3-L4 and L5-S1 levels per anterior lumbar interbody fusion with an L3

hemilaminectomy and L2 and L4 laminotomy with decompression of the nerve roots at L3-4. He subsequently developed radiculopathy in the left leg and left groin. A physician's report of December 3, 2014 revealed the injured worker had ongoing difficulty with pain in the neck, upper, mid and low back as well as the right shoulder, right wrist, right leg and bilateral feet. The injured worker rated the pain an 8 on a 10-point scale but it reduced to a 4 on a 10-point scale with medications. His current medications were continued including Nucynta ER 250 mg every 12 hours and Nucynta 100 mg every 6 hours as needed for breakthrough pain. A 1/2/15 utilization review stated that a weaning protocol should be initiated for Nucynta ER as there is no significant evidence of improved pain relief, or function.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for neuropathic pain Page(s): 75,82.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain (chronic)

Decision rationale: Nucynta ER 250mg #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The FDA approved tapentadol extended release (Nucynta ER) for moderate to severe chronic pain. Nucynta was already approved for acute pain. The MTUS states that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request for Nucynta ER 250mg #60 is not medically necessary.