

Case Number:	CM14-0195498		
Date Assigned:	12/03/2014	Date of Injury:	11/18/2011
Decision Date:	02/20/2015	UR Denial Date:	11/14/2014
Priority:	Standard	Application Received:	11/21/2014

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: California, District of Columbia, Maryland
Certification(s)/Specialty: Anesthesiology, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

45y/o male injured worker with date of injury 11/18/11 with related low back pain. Per progress report dated 11/6/14, the injured worker complained of bilateral low back pain, right worse than left. The pain radiated to the right buttock, right posterior thigh, right posterior calf, and right Achilles with numbness and paresthesias. Pain was rated 8/10 in intensity. Per physical exam, there was tenderness upon palpation to the lumbar paraspinal muscles. Lumbar range of motion was restricted by pain in all directions. Lumbar discogenic provocative maneuvers were positive. Straight leg raise was positive on the right. Treatment to date has included physical therapy and medication management. The date of UR decision was 11/14/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chapter Pain (Chronic), Tapentadol (Nucynta)

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

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 nonadherent) 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." Review of the available medical records reveals documentation to support the medical necessity of Nucynta. Per progress report dated 11/18/14, it is noted that the medication provides the injured worker 50% improvement of around the clock pain and allows maintenance of his activities of daily living such as self-care and dressing. The injured worker is on an up-to-date pain contract and his previous UDS was consistent. However, as the request does not contain quantity information, medical necessity cannot be affirmed. Therefore, the request is deemed not medically necessary.

Norco 10/325mg #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids on-going management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

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 nonadherent) 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." Review of the available medical records reveals documentation to support the medical necessity of Norco. Per progress report dated 11/18/14, it is noted that the medication provides the injured worker 60% improvement of his breakthrough pain and allows maintenance of his activities of daily living such as self-care and dressing. The injured worker is on an up-to-date pain contract and his previous UDS was consistent. The request is medically necessary.

