

Case Number:	CM14-0202064		
Date Assigned:	12/12/2014	Date of Injury:	08/20/2009
Decision Date:	02/04/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/02/2014

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:

59 year old male heavy equipment operator injured his lower back at work on 20 Aug 2009. He was diagnosed with chronic low back pain due to lumbar degenerative disc disease and a disc protrusion at L5-S1 causing right-sided L5 radiculopathy. His last provider evaluation on 12 Nov 2014 showed continued low back pain with right leg sciatica. Medication helps lessen his pain but causes mild nausea and constipation (controlled with intermittent use of Amitiza). Exam showed an alert and oriented person who moves well without any guarding. No ancillary studies were available for review. Treatment has included medication (Vicodin, Percocet, Ultram, Norco, Butrans, gabapentin Nucynta ER (200 mg BID), Amitiza). He has been on opioids since April 2011 and his present medications are Nucynta ER 200 mg twice per day and Amitiza used as needed. The provider wants to add use of short-acting Nucynta 100mg (up to two tabs per day) for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #60 with 3 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49, Chronic Pain Treatment Guidelines Page(s): 60, 74-96.

Decision rationale: Nucynta (Tapentadol) is an opioid medication with a dual mode of action; stimulates opioid receptors and inhibits norepinephrine reuptake. It is indicated for use to treat moderate to severe pain and comes in a short-acting preparation (Nucynta) and a long-acting, extended release preparation (Nucynta ER). According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses opioid use by presenting a number of recommendations required for providers to document safe use of these medications. For this patient there is no evidence in the notes available for review that the provider is following these recommendations. Additionally, the present dose of Nucynta ER has a morphine equivalent dose of 160 mg/day. If shorter-acting Nucynta is added to the treatment then the morphine equivalent dose would be 240 mg per day. This far exceeds the MTUS recommended morphine equivalent daily dose and thus increases the patients risk for overdose and possibly death. Addition of more opioids in this patient is not indicated while he is on this high dose of Nucynta ER. Use of Nucynta is not medically necessary at this time.