

Case Number:	CM14-0203523		
Date Assigned:	12/16/2014	Date of Injury:	08/06/2001
Decision Date:	02/09/2015	UR Denial Date:	11/19/2014
Priority:	Standard	Application Received:	12/05/2014

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 Physical Medicine Rehab, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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:

The patient is a 55 year old female with a work injury dated 8/6/1. She injured her low back at work while lifting tubs of mail and pushing a cart weighing 300 lbs. The diagnoses include chronic lumbosacral spine pain, status post L3 disc decompression, multiple level disc pathology. Under consideration is a request for Nucynta 100mg Qty:60. Her treatment has included medication management, cervical epidural injections, L3 decompression. There is a 12/5/14 progress note that stats that the patient presents for worsening back pain, low back pain, lumbar complaints and stiffness. The pain is a 5-6/10. The patient is taking Nucynta, Norco, and Savella. On exam the patient has 4+/5 for right hip flexors. The left hip flexors, bilateral foot plantar flexors, bilateral quadriceps, bilateral hip abductors, bilateral hamstring, bilateral foot dorsiflexors, gluteal muscles were 5-/5 in strength. She is sitting with discomfort in the lumbosacral rearea which radiates around the left hip and left leg with weakness. She has lumbosacral tenderness. Reflexes are 1+ bilateral. Any testing caused significant increase is symptoms. There was cervical spine muscle spasms. S1 dermatome and L4 dermatome have decreased light touch sensation. There is positive bilateral pelvic thrust, pain with valsalva, positive FABER, positive Gaenslen, pain over the L5-S1 SI joint, positive right stork test, myofascial pain with triggering. The treatment plan includes a refill of medications including Nucynta. She is permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg Qty: 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain- Tapentadol (Nucynta).

Decision rationale: Nucynta 100mg Qty: 60 is not medically necessary per the MTUS and the ODG Guidelines. The ODG states that Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Tapentadol is a centrally acting oral analgesic. Nucynta (tapentadol) was made a Schedule II controlled substance. The MTUS Chronic Pain Medical Treatment Guidelines state 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 does not indicate evidence of significant functional improvement or improvement in pain or a pain assessment as specified above per the MTUS Guidelines. The documentation does not indicate intolerance of first line opioids. The request for Nucynta 100mg Qty: 60 is not medically necessary.