

Case Number:	CM14-0205385		
Date Assigned:	12/17/2014	Date of Injury:	04/27/2010
Decision Date:	02/06/2015	UR Denial Date:	11/12/2014
Priority:	Standard	Application Received:	12/08/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Tennessee. 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 59-year-old male who has submitted a claim for status post lumbar fusion and chronic thoracolumbar myofascial pain syndrome associated with an industrial injury date of April 27, 2010. Medical records from 2014 were reviewed. The patient complained of low back pain rated 9 to 10/10 in severity and relieved to 4/10 with oxycodone. He was also able to perform household chores, do grocery shopping, and perform self-care activities. Physical examination of the lumbar spine showed tenderness, muscle spasm and limited motion. Weakness of the lower extremity muscles was noted. Progress report from November 21, 2014 stated that the patient was not able to tolerate Nucynta hence its discontinuation. Treatment to date has included lumbar fusion on April 2013, home exercise program, physical therapy, aqua therapy, trigger point injections, and medications such as oxycodone, Zanaflex, naproxen, omeprazole and metformin. The utilization review from November 12, 2014 denied the request for Nucynta ER 150 mg, quantity 30 because the most recent report stated a plan to discontinue Nucynta and to shift it to oxycodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Opioids, criteria for use; Weaning of Medication Page(s):. Decision based on Non-

MTUS Citation Official Disability Guidelines (ODG), Pain (updated 10/30/2014) Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Guidelines 9792.20 - 9792.26, Opioids. Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Tapentadol (Nucynta)

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects, physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related 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. Furthermore, ODG Pain Chapter states that Tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids such as, constipation, nausea, or vomiting. In this case, the patient is given a two-week trial for Nucynta as symptomatic relief. However, the patient has not been able to tolerate the medication hence the current treatment plan is for its discontinuation. There is no rationale for certifying the request at this time. Therefore, the request for Nucynta 150 mg, #30 is not medically necessary.