

Case Number:	CM14-0043067		
Date Assigned:	06/30/2014	Date of Injury:	02/27/2012
Decision Date:	03/30/2015	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/09/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 02/27/2012. The mechanism of injury involved heavy lifting. The current diagnoses include lumbosacral spondylosis without myelopathy, degeneration of lumbar or lumbosacral intervertebral disc, lumbar postlaminectomy syndrome, lumbago, and thoracic/lumbosacral neuritis/radiculitis. The latest physician progress report submitted for review is documented on 07/15/2013. The injured worker presented with complaints of ongoing symptoms, worse with prolonged standing and walking. The injured worker also reported decreased sensation in the lateral and posterior lower extremity, activity limitation, and cramping. It was noted that the injured worker was utilizing Nucynta IR for pain control. Upon examination, there was facet tenderness with limited active range of motion, difficulty with single leg stand, due to instability, a mildly ataxic gait, pain with flexion and extension, and minimal radicular pain. Recommendations included continuation of Nucynta 50 mg and Lyrica 100 mg. The injured worker was issued a prescription for Duexis. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg 1-2 tabs Orally Every Hour of Sleep #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) Pain (updated 01/07/14) Tapentadol (Nucynta)

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

Decision rationale: The Official Disability Guidelines recommend Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. The injured worker does not appear to meet criteria for the requested medication, as there is no evidence of intolerable adverse effects with first line opioids. Additionally, the injured worker has continuously utilized the above medications since at least 05/2013 without any evidence of objective functional improvement. Therefore, the medical necessity has not been established. As such, the request is not medically appropriate at this time.