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| Case Number: | CM15-0106310 | | |
| Date Assigned: | 06/25/2015 | Date of Injury: | 04/27/1987 |
| Decision Date: | 07/23/2015 | UR Denial Date: | 05/22/2015 |
| Priority: | Standard | Application Received: | 06/02/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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:

The injured worker is a 56 year old male, who sustained an industrial injury on 4/27/87. He reported pain in his lower back after lifting a 40-50 pound box. The injured worker was diagnosed as having lumbar radiculopathy, failed lumbar back syndrome and fibromyalgia. Treatment to date has included several lumbar surgeries and physical therapy. Current medication includes Nucynta since at least 11/10/14. On 1/5/15, the injured worker rated his pain a 5/10 at best and a 10/10 at worst. As of the PR2 dated 5/11/15, the injured worker reports 7/10 pain in his lower back. He stated that the medications provide him with pain relief and preservation of functional capacity. He rates his pain a 2/10 at best and a 9/10 at worst. The injured worker used to walk half a mile a day and now he can only walk a block or so. Objective findings include a positive straight leg raise test at 30 degrees bilaterally and decreased range of motion. The treating physician requested Nucynta 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta tab 100 mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 13th Edition (Web), 2015, Pain, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work injury occurring in April 1987 and continues to be treated for low back pain. Treatments have been extensive including a failed lumbar spine fusion with revision surgery in January 2013. Medications are referenced as decreasing pain from 8/10 to 2-3/10. When seen, there was an antalgic gait with use of a cane. There was decreased and painful lumbar spine range of motion. There was facet tenderness. Straight leg raising was positive. Nucynta was prescribed at a total MED (morphine equivalent dose) of less than 75 mg per day. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta (tapentadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management and providing pain relief. There are no identified issues of abuse or addiction. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.