

Case Number:	CM15-0130431		
Date Assigned:	07/16/2015	Date of Injury:	08/28/2000
Decision Date:	08/19/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/07/2015

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: California, Hawaii
 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 56-year-old male patient who sustained an industrial injury on 08/28/2000. He injured worker performed construction duty. An operative report dated 10/31/2011 reported the patient having undergone an anterior retroperitoneal dissection with L5- S1 arthrodesis and instrumentation. A primary treating follow up visit dated 06/07/2012 reported the treating diagnosis of lumbar herniated disc applied. The patient is status post L5-S1 anterior/posterior fusion and states overall the surgery did not help much and he continues with a significant amount of pain. The plan of care briefly mentioned a slight possibility of non-union, although not seen upon radiography at that time. He is to consult a pain management evaluation with note if pain worsens then a computerized tomography scan would be required to assess fusion site. Another procedural note dated 07/05/2012 reported the patient having been administered a caudal epidural injection under fluoroscopy. A primary treating office follow up visit dated 07/25/2012 reported the patients back problem as fluctuating occurring persistently to mid and lower back region. The patient is found with chronic problems: acquired spondylolisthesis; chronic pain; failed back surgery syndrome, lumbar; spinal fusion; radiculopathy, thoracic/lumbosacral; spinal stenosis, lumbar; degenerative disc disease, lumbar; low back pain; sleep disturbances; herniated nucleus pulposus, lumbar, and COAT. Current medications are: Butrans 5mcg patches, Flexeril, and Norco 10/325mg. The assessment found the patient with: acquired spondylosis; failed lumbar back surgery, spinal fusion, chronic pain, COAT, low back pain, and radiculopathy thoracic/lumbosacral. The patient is reporting no change in the subjective back pains after the injection noted administered. The patient is permanent and stationary. A recent follow up visit dated 05/19/2015 reported previous treatment to include: activity modification, medication, surgical intervention, hardware removal, spinal cord stimulator trial. Current medications are: Kadian, Ibuprofen, Nucynta, and Lyrica.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Tapentadol) (2015).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient presents with diagnoses that include COAT, spinal fusion, chronic sleep disturbance, acquired spondylolisthesis (chronic), radiculopathy thoracic or lumbosacral, spasm of back muscles, myalgia and myositis, failed back surgery syndrome lumbar, spinal stenosis of lumbar region, lumbar degenerative disc disease, chronic pain and depression. The patient currently complains of low back pain and leg pain radiating to thighs, calves, feet and ankles. The current request is for Nucynta 75mg #60. Nucynta (Tapentadol) is an opioid pain medication. For chronic opiate use the MTUS Guidelines state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician clearly documents the patient's analgesia and ADLs, as well as his lack of adverse side effects and aberrant behaviors while on his current medication regimen. Additionally the treating physician states in his 5/19/15 (629B) treating report that he would benefit with a short acting to control breakthrough pain occasionally. We will try Nucynta. While MTUS is silent regarding this specific opioid, ODG, Pain Chapter Online for Tapentadol (Nucynta) state, Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The patient has been prescribed Norco since at least 7/9/12 the clinical history documents that. Not one single intervention has helped his back or his leg pain and thus the requested treatment is consistent with both MTUS and ODG. The current request is medically necessary.