

Case Number:	CM15-0130845		
Date Assigned:	07/17/2015	Date of Injury:	06/27/2013
Decision Date:	09/10/2015	UR Denial Date:	06/18/2015
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: New York

Certification(s)/Specialty: Internal Medicine

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 39 year old, female who sustained a work related injury on 6/27/13. The diagnoses have included bilateral sacroiliitis, lumbar facetal pain and lower back pain. Treatments have included medications, physical therapy, home exercises, rest and aqua therapy. In the PR-2 dated 5/22/15, the injured worker complains of persistent lower back pain and leg pain. She rates her pain level a 7/10. She describes the pain as deep and aching with radiating pain into leg and knee. Her pain is continuous and increases with walking, standing and straightening her leg. She has tenderness and spasms in lumbar paraspinal muscles. She has stiffness with lumbar range of motion. She has tenderness to bilateral facetal joints. Strength is 5/5 in both legs. She states the Nucynta is not helping in her pain control. She states she gets best pain relief from Butrans but this has been denied for approval. She is working modified duty. The treatment plan includes prescriptions for medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain: 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) Pain chapter Tapentadol (Nucynta).

Decision rationale: Per CA MTUS guidelines, Nucynta (Tapentadol) is an oral analgesic. "Recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations." "Recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations." It is noted she has been taking this medication for a minimum of two months. She states the Nucynta is not helping with her pain control. Since the Nucynta seems ineffective for her pain control, the requested treatment of Nucynta is not medically necessary.