

Case Number:	CM15-0131437		
Date Assigned:	07/20/2015	Date of Injury:	12/13/2013
Decision Date:	08/13/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/08/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 (IW) is a 55-year-old female who sustained an industrial injury on 12/13/2013. She reported cumulative trauma, low back injury. The injured worker was diagnosed as having lumbar facet syndrome and spinal/lumbar degenerative disc disease. Treatment to date has included acupuncture, physical therapy, and two lumbar transforaminal epidural steroid injections (LESI's), none of which provided relief. She is on oral medication for pain. Currently, the injured worker complains of pain in the lower back and bilateral hips. The back pain radiates down to her bilateral lower extremities. There is no radiation of the neck pain into the upper extremities. She complains of constant moderate to severe pain associated with numbness, tingling, and weakness in the bilateral legs. Her pain is described as throbbing, aching, pressure-like and burning with muscle pain and pins and needles sensation. Activity increases her pain. Resting, heat or ice and medication help alleviate her pain. Leaning forward or leaning on an object such as a shopping card helps relieve her back pain. She uses a cane for assistance. Her current medications include Ibuprofen and Norco. On examination, she walks with an antalgic gait assisted by a cane. Her range of motion is restricted in all planes and limited by pain. On palpation, tenderness and spasm are noted on both sides of the paravertebral muscles. Spinous process tenderness is noted on L4-L5. Lumbar facet loading is positive bilaterally. On sensory examination, light touch sensation is decreased over the lateral and medial foot on the left side; dysesthesias are present over the lateral and medial foot on the left side. Deep tendon reflexes are diminished with ankle jerk a 3 out of four on the right side and 1 out of 4 on the left side. Straight leg raising test is positive on both sides. The treatment plan is

for pain management. Norco is to be discontinued and a trial of Nucynta is ordered for pain control. Per the patient, she has failed treatment with Percocet and Tramadol. Ibuprofen is discontinued due to hypertension. A request for authorization was made for Nucynta 50 mg Qty 42.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg Qty 42: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Tapentadol (Nucynta); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not indicated as 1st line for mechanical or compressive etiologies. Long-term use has not been studied. In this case, the use of Nucynta was used to replace Norco due to lack of effectivity. However, there was no mention of Norco or prior opioids intolerance for which Nucynta would be considered 2nd line. In addition, no one opioid is superior to another. Continued and chronic use of Norco is not medically necessary.