

Case Number:	CM15-0134210		
Date Assigned:	07/22/2015	Date of Injury:	04/06/2011
Decision Date:	08/20/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/10/2015

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 Jersey

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 is a 52-year-old female who sustained an industrial injury on 04/06/2011. Mechanism of injury was not found in documentation presented. Diagnoses include chronic pain syndrome, dysthymic disorder, low back pain, thoracic or lumbar neuritis or radiculitis. Treatment to date has included diagnostic studies, medications, physical therapy, home exercise program, injections, massage and use of heat and ice. There is an unofficial report of an Electromyography and Nerve Conduction Velocity done on 10/26/2012 that shows degenerative radiculopathy process involving the S1 nerve root on the left lower extremity. An unofficial report of a Magnetic Resonance Imaging of the lumbar spine done on 04/03/2015 revealed advanced facet arthropathy degeneration and capsulitis at L5-S1 with moderate foraminal narrowing. There is L4-5 facet hypertrophy with moderate to moderately severe narrowing of the left foraminal entrance zone at L4-5 level. There are also 2 facet synovial cysts. Her medications include Effexor XR, Nucynta, Gabapentin, Xanax, Elavil, Flexeril, Flector patch, Oxycodone and Ambien. A physician progress note dated 06/19/2015 documents the injured worker complains of low back pain and neck pain. Her medications are helpful and well tolerated. She can walk 15-30 minutes longer with the help of her medications which also allow her to complete her ADL's. Her quality of life is improved with her medications. She describes the pain in her neck and head as aching and stabbing. She has stabbing in the low back that radiates into her lower extremity. She has aching pain in the ribs on the left side. She rates her pain as 10 out of 10 without her medications, and as 7 out of 10 with medications. Cervical spine range of motion is decreased secondary to pain. There is tenderness to palpation over the

paraspinals and related musculature in the upper back and over the facet joints of C4-5 and C6-7 bilaterally. The treatment plan includes refills of Percocet, Effexor and Elavil, physical therapy and massage therapy. Treatment requested is for Nucynta 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids pp.78-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Tapentadol (Nucynta).

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. The MTUS is silent regarding tapentadol, specifically. The ODG, however, states that tapentadol is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Tapentadol has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone; if patients on OxyIR complain of constipation, nausea, and/or vomiting, tapentadol might be considered as a second-line choice. In the case of this worker, there was chronic use of Nucynta leading up to this request for renewal with reported benefit with the combined effects of all medications taken, including Nucynta. However, upon review of the documentation, there were no records, which were from the time of first starting this medication, and no records explained the justification for using this medication over other first line opioids. Without supportive documentation for using Nucynta and more direct reporting on its independent effects on function and pain levels, the Nucynta will be considered medically unnecessary.