

Case Number:	CM15-0141233		
Date Assigned:	08/27/2015	Date of Injury:	02/12/2013
Decision Date:	09/29/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/21/2015

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, Indiana, 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 31 year old male who sustained an industrial lifting injury on 02-12-2013. The injured worker was diagnosed with displacement of lumbar intervertebral disc, lumbago and sciatica. The injured worker is status posterior right L4-5 microdiscectomy and medial facetectomy on March 30, 2015. Treatment to date has included diagnostic testing, conservative measures, physical therapy, lumbar epidural steroid injections, surgery (current post-operative physical therapy), ambulatory devices and medications. According to the primary treating physician's progress report on July 8, 2015, the injured worker continues to experience lower back pain which is more problematic at night and rated at 7 out of 10 on the pain scale. The injured worker is currently in physical therapy with improvement in the right lower extremity symptoms and sciatica. Evaluation noted heel-to toe and gait within normal limits, Rhomboid test negative, sensation to light touch in all four extremities and deep tendon reflexes intact. Current medications were listed as Norco, 10mg-325mg, Ibuprofen and Valium. Treatment plan consists of progression to independent home exercise program and the current request for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #40: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines, 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 section, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 75 mg #40 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnosis is status post right L4 - L5 laminotomy/microdiscectomy March 30, 2015. Date of injury is February 12, 2013. Request authorization is July 10, 2015. What into a progress note dated July 8, 2015, the injured worker has ongoing low back pain and ambulates with a walker. Current medications include tramadol, ibuprofen and Norco. There is no documentation of failed treatment with Norco and tramadol. There is no documentation of intolerable adverse effects with these ongoing medications. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and no documentation of intolerable adverse effects with ongoing Norco and tramadol, Nucynta 75 mg #40 is not medically necessary.