MAXIMUS Federal Services

Case Number:	CM15-0144598		
Date Assigned:	08/03/2015	Date of Injury:	05/17/2001
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 64-year-old female who sustained an industrial injury on 05/17/2001. The original injury report and mechanism of injury are not found in the records provided. The injured worker was diagnosed as having: Chronic pain syndrome. Lumbar radiculopathy. Cervical radiculopathy. Treatment to date has included Medications for pain, and a home exercise program. Currently, the injured worker reports that her neck pain s improved and she is stable on her usual medications and no longer needs the Nucynta IR on a daily basis. The worker reports that she tried reducing her Nucynta ER to 150 mg per day but was not able to do her usual exercise due to increased pain with that amount. The physician discussed trying to reduce her Nucynta ER in a few months if her pain has stabilized. The worker relates that she will be out of the country in the next month and will be gone when she needs a refill of her Nucynta ER. In review of her musculoskeletal system, there is noted to be no muscle aches or weakness, no arthralgias/joint pain, and back pain. Her medication instruction is to continue current medications until she returns stateside. Once she has no flares in pain for a few months, the physician will again consider a slow taper down on Nucynta ER to see if this can be done without compromising her exercise program and activity. The plan is to continue the current level of Nucynta ER and wait until she returns to the clinic again to begin tapering. Prior attempts to wean Nucynta ER have resulted in decreased functioning. Continue medication management. A request for authorization was made for the following: 1. Nucynta ER 50mg #1202. Nucynta 50mg #303. Nucynta ER 50mg #120 (Fill by 8/6/15).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning Page(s): 82-92, 123.

Decision rationale: According to the guidelines, Nucynta ER as other opioids are not 1st line for mechanical or compressive etiologies. In this case, the claimant was on Nucynta ER for several months. The claimant was already on Trazodone for pain. Pain scores were not recently noted. The physician planed on tapering the Nucynta ER but the weaning protocol was not specified. The Nucynta ER as prescribed is not justified and not medically necessary.

Nucynta 50mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning Page(s): 82-92, 123.

Decision rationale: According to the guidelines, Nucynta as other opioids are not 1st line for mechanical or compressive etiologies. In this case, the claimant was on Nucynta for several months. The claimant was already on Trazodone for pain. Pain scores were not recently noted. The physician planed on tapering the Nucynta but the weaning protocol was not specified. The Nucynta as prescribed is not justified and not medically necessary.