

Case Number:	CM15-0146691		
Date Assigned:	08/07/2015	Date of Injury:	02/21/2007
Decision Date:	09/03/2015	UR Denial Date:	07/08/2015
Priority:	Standard	Application Received:	07/28/2015

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 was a 62 year old female, who sustained an industrial injury, February 21, 2007. The injured worker previously received the following treatments lumbar support orthotic brace, EMG and NCS (electrodiagnostic studies and nerve conduction studies) of the lower extremities, Nucynta, Oxycodone, OxyContin, Restoril, Dilaudid, Norco, Prilosec, walking, home exercise program, lumbar spine x-rays, lumbar spine CT scan and 6 sessions of acupuncture. The injured worker was diagnosed with lateral listhesis, lumbar facet arthropathy, lumbar disc degeneration, postoperative lumbar radiculopathy, Grade 1 spondylosis L2-L3 with disc space narrowing, status post L4-S1 anterior and posterior fusion and right sided decompression. According to progress note of July 3, 2015, the injured worker's chief complaint was low back pain with spasms. The injured worker rated the pain at 7 out of 10. The pain and numbness radiated down the thighs to the shins the pain was rated at 7 out of 10 on the right and 6.5 out of 10 on the left. The physical exam noted the injured worker walked with the assistance of ta front wheeled walker or cane. The injured worker walked with an antalgic gait. The motor strength of the lower extremities was normal. There was pain in the internal and external left groin when the leg was extended. The sensory exam noted the bilateral L4 and L5 dermatome distributions were decreased. The treatment plan included a prescription for Nucynta ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER (extended release) 200 mg Qty 60: 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, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. The claimant had been on Oxycontin and Oxycodone for the past year. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta 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. In this case, there was no mention of weaning or trial of alternate non-opioids. In addition, pain scores reductions were not noted to justify the Nucynta. Nucynta is not medically necessary.