

Case Number:	CM15-0148858		
Date Assigned:	08/12/2015	Date of Injury:	08/06/2010
Decision Date:	09/25/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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

Certification(s)/Specialty: Preventive Medicine, Occupational 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 50-year-old male, who sustained an industrial injury on August 6, 2010. The injury occurred while the injured worker was performing his usual and customary duties. The injured worker has been treated for mid and low back complaints. The diagnoses have included severe chronic pain syndrome, lumbar spinal stenosis, lumbar degenerative disc disease, neurogenic bladder, gastroesophageal reflux disease and major depression with psychotic features. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, epidural steroid injections, psychiatric assessments and a lumbar laminectomy. The injured worker was noted to be temporarily totally disabled. Current documentation dated June 17, 2015 notes that the injured worker reported severe back and leg pain. The injured worker also noted problems with voiding and sexual function. Examination of the lumbar spine revealed tenderness and a painful and decreased range of motion. A straight leg raise test was minimally positive bilaterally. The injured worker used a cane for assistance with ambulation. The treating physician's plan of care included a request for Nucynta 100 mg # 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90: 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), Pain Chapter, updated 06/15/15, 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 Chapter/Tapentadol (Nucynta) Section.

Decision rationale: MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. In this case, there is no indication that the injured worker has intolerable adverse effects with first-line opioids, therefore, the request for Nucynta ER 100mg #90 is determined to not be medically necessary.