

Case Number:	CM15-0162192		
Date Assigned:	08/31/2015	Date of Injury:	06/05/2008
Decision Date:	10/13/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/18/2015

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 69 year old male who sustained an industrial injury on 06-05-2008 resulting in injury to the back and shoulders after falling on a bus. Treatment provided to date has included: physical therapy, lumbar epidural steroid injections, medial branch blocks, lumbar radiofrequency ablations, medications (OxyContin, Vicodin, Norco), and conservative therapies/care. Recent diagnostic testing has included a MRI of the lumbar spine (2008) showing advanced multilevel degenerative disc disease with accompanying endplate spondylosis (greatest at L5-S1), mild lower lumbar scoliosis (convexity left), and broad-based posterior disc bulge of 2-3mm (greater to the right). Comorbidities included coronary artery disease, peripheral vascular disease, and polio. There were no other dates of injury noted. The most recent physician's progress report (PR) was dated 04-03-2015 and noted complaints of constant low back pain and spasms. The pain was noted to have increased recently with activity, going from 2-3 out of 10 in severity to 5-6 out of 10 in severity and was described as aching and throbbing with increased pain upon coughing and sneezing. Additional complaints included impaired sleep. Current medications include Nucynta SR 100mg, Nucynta 100mg and Soma. The physical exam revealed decreased and painful range of motion in the lumbar spine, mildly antalgic gait, 4 out of 5 motor function in the lower extremities, no sensory deficits, normal straight leg raises bilaterally, normal reflexes in the lower extremities except for ankles were absent, and able to heel and toe walk with some difficulty. The provider noted diagnoses of lumbar discogenic disease, lumbar radiculitis, and lumbar facet syndrome. Plan of care includes continuation of medications. The injured worker's work status remained unable to work due to narcotic

medications. The request for authorization and IMR (independent medical review) includes: Nucynta 100mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 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 100mg #120 is not medically necessary.