

Case Number:	CM15-0167440		
Date Assigned:	09/08/2015	Date of Injury:	05/16/2001
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/25/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 72-year-old male who sustained an industrial injury on 5-6-01. His initial complaints and the nature of the injury are unavailable for review. The 7-22-15 PR-2 indicates diagnoses of mood disorder, chronic back pain, and spondylolisthesis. His primary complaint was back pain, rating it "5.5 out of 10". His medications included Viagra, Ultram, Nucynta, Methadone, Lidoderm patches, and Paxil. He has undergone x-rays, CT scans, and MRIs of the spine. The treatment plan was to continue use of medications and the H-wave unit. The report states that he "notes good relief from medications on a regular basis". It also states that his "basic functions" are restored with the use of Methadone and Ultram. He uses Nucynta to "control flare-ups". He states that when he takes it, it decreases his pain level from "7 out of 10" to "5-6 out of 10".

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 76-80. Decision based on Non-MTUS Citation (1) Pain (Chronic), Tapentadol (Nucynta); (2) ODG Workers' Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work-related injury in May 2001 and is being treated for chronic low back pain. Medications are referenced as decreasing pain from 10/10 to 5.5/10 with improved walking, standing, and sitting tolerances. Urine drug screening has been positive for alcohol which has been addressed by the treating provider. When seen, there was a BMI of over 29. There was an antalgic, stooped gait with a cane. There was decreased and painful lumbar range of motion with paraspinal muscle tenderness and tightness. There was decreased lower extremity strength. Medications were refilled. Methadone, Ultram, and Nucynta were prescribed at a total MED (morphine equivalent dose) of 120 mg per day. Nucynta (tapentadol) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids and is not a preferred formulary medication. In this case, tramadol is also being prescribed without reported intolerance or lack of efficacy. Prescribing Nucynta is not medically necessary.