

Case Number:	CM15-0167769		
Date Assigned:	09/08/2015	Date of Injury:	12/17/2014
Decision Date:	10/07/2015	UR Denial Date:	07/29/2015
Priority:	Standard	Application Received:	08/26/2015

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 54 year old male, who sustained an industrial injury on 12-17-2014. He reported a slip and fall. The injured worker was diagnosed as having lumbar degenerative disc disease. Treatment to date has included diagnostics, physical therapy, chiropractic, acupuncture, and medications. Currently, the injured worker complains of lumbar back pain with radiation into the hips and down both legs, rated 4-10 out of 10. His current medication regimen included Tramadol, which was discontinued. He reported that Nucynta was much more effective in controlling pain. The treatment plan included Nucynta. A previous progress report (5-29-2015) noted the recent use of Tramadol and that he only took medication when pain was severe. Pain levels were consistent and work status was not specified. Urine toxicology was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, 1 tablet by mouth every 6 hours when necessary, QTY: 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), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain/Tapentadol.

Decision rationale: MTUS Guidelines support the careful use of opioids when there is meaningful pain relief, functional support and no aberrant drug related behaviors. This individual has been utilizing Ultram on an as needed basis and it was reported to be effective and without significant side effects. Ultram has diminished pain relief when compared to other standard opioids i.e. codeine or hydrocodone. Tapentadol (Nucynta) is considered a 2nd line drug and is Guideline supported only if there are intolerable side effects to other opioid medications. In this circumstance, the rationale to switch from Ultram to Nucynta is not well delineated in the records. In addition, a switch to Nucynta is not Guideline supported when other first line opioid have not been adequately trialed and proven intolerable. At this point in time and with the current documentation available the Nucynta 50mg, 1 tablet by mouth every 6 hours when necessary, QTY: 120 is not supported by Guidelines. It is not medically necessary.