

Case Number:	CM15-0168804		
Date Assigned:	09/09/2015	Date of Injury:	08/24/2001
Decision Date:	10/08/2015	UR Denial Date:	08/05/2015
Priority:	Standard	Application Received:	08/27/2015

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 is a 57 year old male, who sustained an industrial injury on 8-24-01. The injured worker was diagnosed as having post lumbar laminectomy syndrome, degeneration of lumbar or lumbosacral disc, lumbosacral spondylosis and sacroilitis. The physical exam (1-19-15 through 3-19-15) revealed a positive straight leg raise test bilaterally at 60 degrees and tenderness in the bilateral lumbar facets. He rated his pain a 9-10 out of 10 and reported poor sleep and functionality. Treatment to date has included chiropractic treatments x 3 with no benefit, a lumbar epidural injection x 3 with temporary improvement and Nucynta (since at least 11-19-14). As of the PR2 dated 6-17-15, the injured worker reports bilateral lower back pain which is currently a 10 out of 10 pain. Objective findings include a positive straight leg raise test bilaterally at 60 degrees and tenderness in the bilateral lumbar facets. The treating physician requested Nucynta 50mg #60 to be filled 7-6-15, Nucynta 50mg #60 to be filled 8-5-15 and Nucynta 50mg #60 to be filled 9-4-15. On 7-28-15 the treating physician requested a Utilization Review for Nucynta 50mg #60 to be filled 7-6-15, Nucynta 50mg #60 to be filled 8-5-15 and Nucynta 50mg #60 to be filled 9-4-15. The Utilization Review dated 8-5-15, non-certified/modified the request for Nucynta 50mg #60 to be filled 7-6-15, Nucynta 50mg #60 to be filled 8-5-15 and Nucynta 50mg #60 to be filled 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60 to be filled 07/06/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nucynta-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. 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, the claimant was on opioids for years including Oxycodone. Recent progress noted in June 2105 indicated 10/10 pain with no improvement with Nucynta. The claimant required invasive procedures repeatedly for pain control. The Nucynta on 7/6/15 was not medically necessary.

Nucynta 50mg #60 to be filled 08/05/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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- Nucynta 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. 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, the claimant was on opioids for years including Oxycodone. Recent progress noted in June 2105 indicated 10/10 pain with no improvement with Nucynta. Progress notes from July and prior months have minimal change in documentation or signs of improved function with medication alone. The claimant required invasive procedures repeatedly for pain control. The Nucynta on 8/5/15 was not medically necessary.

Nucynta 50mg #60 to be filled 09/04/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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- Nucynta 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. 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, the claimant was on opioids for years including Oxycodone. Recent progress noted in June 2105 indicated 10/10 pain with no improvement with Nucynta. Progress notes from July and prior months have minimal change in documentation or signs of improved function with medication alone. The claimant required invasive procedures repeatedly for pain control. The Nucynta on 9/4/15 was not medically necessary.