

Case Number:	CM15-0180564		
Date Assigned:	09/18/2015	Date of Injury:	05/24/2011
Decision Date:	10/23/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/14/2015

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: Washington, 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 58 year old male who sustained an industrial injury on 5-24-11. He reported pain in the lumbar spine with radiation down bilateral lower extremities with intermittent numbness and tingling. The injured worker was diagnosed as having bilateral sacroiliitis, left sacroiliac joint pain, right sacroiliac joint pain, right L3-S1 facet joint pain, right sacroiliac joint pain, lumbar disc protrusion, lumbar stenosis, lumbar facet joint arthropathy, and lumbar sprain or strain. Treatment to date has included iliolumbar trigger point injections, diagnostic bilateral sacroiliac joint injections (positive), transforaminal epidural steroid injections, bilateral sacroiliac joint radiofrequency ablation from L5-S3, TENS unit, and medication. Record review noted the injured worker has been taking Nucynta since at least December 2014. Provider's progress note on 8-5-15 reported the injured worker continued to complain of low back and buttock pain which worsened with activity and improved with rest, pain medication and with use of TENS unit. The patient gets 50% improvement in pain control with use of Nucynta which allows for a 50% improvement in daily activities. The provider noted that the pain contract is up-to-date and there were no aberrant drug-seeking behaviors. Physical examination findings included tenderness to palpation of the lumbar paraspinal muscles at the right L3-S1 facet joints and bilateral sacroiliac joints. Lumbar range of motion was restricted by pain in all directions. Straight leg raise was negative bilaterally. Gaenslen's and Patrick's maneuvers were positive bilaterally. Deep tendon reflexes in lower legs were 1/4 bilaterally and motor exam was 5/5 bilaterally.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg 1 tab PO BID PRN pain #60: Overturned

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.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessme.

Decision rationale: Nucynta (tapentadol) is an opioid medication with a dual mode of action; stimulates opioid receptors and inhibits norepinephrine reuptake. It is indicated for use to treat moderate to severe pain and comes in a short-acting preparation (Nucynta) and a long-acting, extended release preparation (Nucynta ER). According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy are the development of addiction, overdose and death. The pain guidelines in the MTUS directly address opioid use by presenting a number of recommendations required for providers to document safe use of these medications. For this patient there is good documentation that the provider is following these recommendations. The patient has documented improvement in pain relief and functioning, a current patient contract and no drug-seeking behaviors. Additionally, the present dose of Nucynta has a morphine equivalent dose of 36.7 mg/day. This well within the MTUS recommended morphine equivalent daily dose. Given all the above information, the request for continued use of this medication is medically necessary and has been established.