

Case Number:	CM15-0184060		
Date Assigned:	09/24/2015	Date of Injury:	06/13/2003
Decision Date:	11/02/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/18/2015

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: 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 62 year old male, who sustained an industrial injury on 6-13-03. The injured worker was diagnosed as having thoracic or lumbosacral neuritis or radiculitis, lumbar disc displacement without myelopathy, and long term use of medications. Physical examination findings on 8-18-15 included restricted lumbar range of motion with paravertebral spasm, tenderness, and trigger points. Straight leg raising was positive on the left and lumbar facet loading was negative bilaterally. Treatment to date has included physical therapy, a home exercise program, and medication including Norco. On 8-18-15, pain was rated as 8-9 of 10 without medication and 5 of 10 with medication. The treating physician noted the injured worker has failed multiple trials of neuropathic and antidepressant medications. Toxicology screens were noted to be appropriate. The treating physician noted the injured worker can perform chores and a home exercise program when he is taking medication. Currently, the injured worker complains of pain in the lumbar spine with radiation to the legs. On 8-18-15, the treating physician requested authorization for Nucynta ER 50mg #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Workers Compensation Drug Formulary.

Decision rationale: The claimant has a remote history of a work injury in June 2003 and is being treated for chronic radiating low back pain. Medications are referenced as decreasing pain from 8-9/10 to 5/10 and allowing for activities of daily living and exercise. When seen, Norco was being prescribed. He had a slow gait. There was decreased lumbar range of motion with tenderness and spasms. There was positive left straight leg raising. There was decreased lower extremity sensation. Norco was now being denied. He had failed Butrans and Nucynta ER was prescribed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Nucynta ER is a sustained release opioid used for treating baseline pain. In this case, it was being prescribed when the claimant was having ongoing pain and access to Norco was being denied but had previously been effectively controlling and with improved activities of daily living and ability to perform his home exercise program. However, although Butrans had not been tolerated, Nucynta ER is not a first line medication and there are other first-line sustained opioids available. Alternatively, his Norco could be continued; for these reasons, the request is not considered medically necessary.