

Case Number:	CM15-0192539		
Date Assigned:	10/06/2015	Date of Injury:	12/07/2011
Decision Date:	11/13/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/30/2015

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: Emergency 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 45 year old with a date of injury on 12-07-2011. The injured worker is undergoing treatment for displacement of lumbar intervertebral disc without myelopathy, thoracic or lumbosacral neuritis or radiculitis-unspecified, cervical radiculopathy, and displacement of intervertebral disc without myelopathy. In a physician noted dated 07-20-2015 the injured worker has complaints of neck pain, low back pain and bilateral hip pain. She is maintained on Nucynta, Robaxin and Ibuprofen. This regime is working well for her but she was unable to refill the Robaxin because she states the pharmacy received a prescription for Flexeril. She stated that Nucynta 50mg did not work well. She said she had taken it before and took Nucynta 75mg, and that dosage worked well. Flexeril was discontinued. She rates her pain as 9 out of 10. A physician progress note dated 08-17-2015 documents the injured worker complained of neck pain, and her knees locked up and were inflamed. She rates her pain as 9 out of 10. She has neck pain with bilateral radicular arm pain with numbness and tingling in her hands. She has low back pain that radiates to her bilateral legs down to her toes. A previous drug screen was done and was found to be appropriate. She is waiting to move forward with a cervical epidural injection. Treatment to date has included diagnostic studies, medications, lumbar epidural injections, physical therapy, and home exercise program. On 03-27-2015 a Magnetic Resonance Imaging of the lumbar spine showed mild diffuse degenerative disc disease with relative sparing of the L1-2 level with mild lumbar scoliosis curvature; mild disc bulging seen from L2-3 to L5-S1, slightly greater at L4-5 with no central canal stenosis-mild mass effect on the thecal sac with only minimal narrowing of the proximal foramina at L4-5 and minor facet

degenerative change at L5-S1. An unofficial report of a cervical Magnetic Resonance Imaging done on 12-05-2014 revealed multilevel degenerative spondylosis as well as central canal stenosis and mild anterior cord compression at C5-C6. Current medications include Synthroid, Zofran, Ibuprofen, Robaxin, and Nucynta (since 06-17-2015). She had previously been on Norco. She is not showing any signs of abuse or misuse. The treatment plan includes refilling Zofran, Robaxin, start Nucynta 75mg 3 times a day, Ibuprofen. On 09-10-2015 Utilization Review non-certified the request for Nucynta 75mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg, #90: 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) Pain (updated 9/8/15) Tapentadol (Nucynta).

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, see Nucynta: Tapentadol (Nucynta).

Decision rationale: The requested Nucynta 75mg, #90, is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is "Not recommended, but only recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids." The injured worker has low back pain that radiates to her bilateral legs down to her toes. A previous drug screen was done and was found to be appropriate. She is waiting to move forward with a cervical epidural injection. Treatment to date has included diagnostic studies, medications, lumbar epidural injections, physical therapy, and home exercise program. On 03-27-2015 a Magnetic Resonance Imaging of the lumbar spine showed mild diffuse degenerative disc disease with relative sparing of the L1-2 level with mild lumbar scoliosis curvature; mild disc bulging seen from L2-3 to L5-S1, slightly greater at L4-5 with no central canal stenosis-mild mass effect on the thecal sac with only minimal narrowing of the proximal foramina at L4-5 and minor facet degenerative change at L5-S1. An unofficial report of a cervical Magnetic Resonance Imaging done on 12-05-2014 revealed multilevel degenerative spondylosis as well as central canal stenosis and mild anterior cord compression at C5-C6. Current medications include Synthroid, Zofran, Ibuprofen, Robaxin, and Nucynta (since 06-17-2015). The treating physician has not documented failed trials of first-line opiates, or objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Nucynta 75mg, #90 is not medically necessary.