

<b>Case Number:</b>	CM15-0199113		
<b>Date Assigned:</b>	10/14/2015	<b>Date of Injury:</b>	12/18/2014
<b>Decision Date:</b>	11/23/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/09/2015

### 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 49 year old male who sustained an industrial injury on 12-18-2014. A review of medical records indicates the injured worker is being treated for sprain strain lumbar, unspecified, thoracic strain, upper extremity numbness, cervical strain, occipital neuralgia with migraines, residual of bilateral knee contusions, and pain induced depression and anxiety. Medical records dated 9-4-2015 noted knees have been painful, right more than left. Physical examination of the cervical spine revealed decreased range of motion and decreased range of motion to the lumbar spine. Tenderness to deep pressure was noted from L3-L5. The Knees showed tenderness at the lateral and medial joint line and decreased range of motion. Treatment has included surgery, 20 visits of physical therapy, and Nucynta since at least 8-28-2015. Utilization review form dated 9-10-2015 non-certified Nucynta 150mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 150mg #60:** 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, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, pain treatment agreement, Opioids, specific drug list.

**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, there was no mention of intolerance to other opioids. The claimant had been on Oxycodone as well as Hydrocodone. In addition, pain scores were not noted to justify the Nucynta. Nucynta is not medically necessary.