

Case Number:	CM15-0206330		
Date Assigned:	10/23/2015	Date of Injury:	10/10/2000
Decision Date:	12/04/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/21/2015

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:

This is a 73-year-old female who sustained an industrial injury on 10-10-2000. A review of the medical records indicates that the injured worker is undergoing treatment for low back pain and lumbago. According to the progress report dated 9-14-2015, the injured worker complained of low back pain. She described the pain as moderate to severe. The physician noted that Opana was non-certified and that the injured worker had 18 years of "addiction" to Norco. Objective findings (9-14-2015) revealed tender, axial lumbosacral spine. The injured worker was noted to have moderately severe pain-related impairment. Treatment has included physical therapy and medications. Current medications (9-14-2015) included Clonazepam, Fluoxetine, Lisinopril and Opana. Nucynta was prescribed on 9-14-2015. The original Utilization Review (UR) (10-14-2015) denied a request for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50 mg (one tab q, 12 hrs #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 Chapter (updated 10/09/15).

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 ER 50 mg (one tab q, 12 hrs #60) , 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. She described the pain as moderate to severe. The physician noted that Opana was non- certified and that the injured worker had 18 years of "addiction" to Norco. Objective findings (9-14-2015) revealed tender, axial lumbosacral spine. The injured worker was noted to have moderately severe pain-related impairment. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Nucynta ER 50 mg (one tab q, 12 hrs #60) is not medically necessary.