

Case Number:	CM15-0207092		
Date Assigned:	10/26/2015	Date of Injury:	12/04/2013
Decision Date:	12/07/2015	UR Denial Date:	10/09/2015
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, Oregon, Washington
 Certification(s)/Specialty: Orthopedic Surgery

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 52-year-old male, with a reported date of injury of 12-04-2013. The diagnoses include lumbar radiculopathy, lumbar spine stenosis, lumbar spondylolisthesis, sacroiliac pain, and right low back pain. The progress report dated 09-08-2015 indicates that the injured worker had low back pain with radiation down the posterolateral thigh and calf to the foot. He rated his pain 2 out of 10 (08-12-2015) with medications; and 4 out of 10 (08-12-2015) and 5 out of 10 (09-08-2015) without medications. It was noted that the injured worker's activity level has increased; he was taking his medications as prescribed; and there were no side effects reported. The treating physician noted that the urine drug screen in 08-2015 was "consistent and appropriate". The objective findings include restricted flexion of the lumbar spine to 48 degrees; lumbar extension limited to 8 degrees; right lateral bending limited to 10 degrees; left lateral bending limited to 10 degrees; spasms and tenderness to palpation on both sides of the lumbar spine; heel and toe walk were normal; positive bilateral Gaenslen's; positive bilateral lumbar facet loading; positive pelvic compression test; tenderness over the sacroiliac spine on the right; normal light touch sensation in the extremities; decreased sensation to pinprick over the lateral foot; and positive left straight leg raise test. It was noted that the injured worker's function decreased without medications. The injured worker was noted as permanent and stationary, and was not currently working. The diagnostic studies to date have included a urine drug screen on 08-12-2015 with inconsistent findings; and a urine drug screen on 05-07-2015 which was positive for cyclobenzaprine. Treatments and evaluation to date have included functional restoration program, sacroiliac joint steroid injection on 08-03-2015 and 09-18-2015,

Cyclobenzaprine, Nucynta (since at least 08-2015), Etodolac, Norco (not listed after 05-2015), physical therapy (failed), and right lumbar injection on 12-03-2014. The treating physician requested Nucynta 75mg #90. On 10-09-2015, Utilization Review (UR) modified the request for Nucynta 75mg #90 to Nucynta 75mg #45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Weaning of Medications.

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, Tapentadol (Nucynta).

Decision rationale: CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case the exam note from 9/8/15 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore the determination is NOT medically necessary.