

Case Number:	CM15-0208559		
Date Assigned:	10/27/2015	Date of Injury:	08/30/2010
Decision Date:	12/08/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	10/23/2015

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:

This is a 56 year old male who sustained an industrial injury on 8-23-2010. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar post-laminectomy syndrome and chronic pain syndrome. According to the progress report dated 10-12-2015, the injured worker complained of low back pain. He described the pain as severe. He also reported muscle spasms, numbness, pins and needles and tingling. He reported that medications were helping. The injured worker rated his pain 9 out of 10 on 5-18-2015 and 7-16-2015. Objective findings (10-12-2015) revealed tenderness over the lumbar spine and the sacroiliac area. Light touch sensation was decreased over the medial and lateral calf on the right side. Treatment has included surgery and medications. Current medications (10-12-2015) included Nucynta (since at least 5-2015), Diazepam, Terocin patches, Wellbutrin and Trazodone. Diazepam was discontinued on 10-12-2015 and Tizanidine was added. The request for authorization was dated 10-12-2015. The original Utilization Review (UR) (10-22-2015) modified a request for Nucynta from quantity 60 to quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50 mg Qty 30 with 0 refills, twice a day: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Tapentadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain.

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 weaning or trial of alternate non-opioids. In addition, pain scores reductions were not noted to justify the Nucynta. Nucynta is not medically necessary.