

Case Number:	CM15-0023527		
Date Assigned:	02/13/2015	Date of Injury:	07/19/2013
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 40 year old female, who sustained an industrial injury on July 19, 2013. The diagnoses have included low back pain, lumbar radiculitis, neck pain, lumbar discogenic pain, cervical discogenic pain, cervical facet pain, left shoulder pain, myofascial pain, thoracic pain, thoracic discogenic pain, chronic pain syndrome and carpal tunnel syndrome. Treatment to date has included oral Non-steroidal anti-inflammatory drug and amitriptyline, Magnetic resonance imaging of cervical spine, thoracic spine and lumbar spine, FCE, bilateral upper extremity electromyogram and nerve conduction study and bilateral lower extremity electromyogram and nerve conduction study. Currently, the injured worker complains of neck, shoulder and low back pain. In a progress note dated December 18, 2014, the treating provider reports lumbar spine tenderness over the paraspinals on the left, increased pain with flexion and extension and positive straight leg raise on the left, gait is antalgic. On January 28, 2015 Utilization Review non-certified a Nucynta (Tapentadol 100mg), noting, Medical Treatment Utilization Schedule Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) page 74-96.

Decision rationale: NUCYNTA (tapentadol) Tablets has the chemical name 3-[(1R, 2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl] phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. NUCYNTA (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Nucynta 100 mg ER #60 is not medically necessary and appropriate.