

Case Number:	CM15-0210926		
Date Assigned:	10/29/2015	Date of Injury:	03/07/2000
Decision Date:	12/18/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/27/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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:

The applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 7, 2000. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for Nucynta. An August 27, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On said August 27, 2015 office visit, it was acknowledged that the applicant was no longer working. Unchanged, 5/10 low back pain complaints were reported. The applicant reported difficulty performing activities of daily living as basic as cooking and grocery shopping, it was reported. In another section of the note, it was stated, somewhat incongruously, that the applicant was trying to bike for exercise purposes thrice per week in unspecified amounts. The attending provider stated in one section of the note that the applicant had stopped Norco. The applicant reported difficulty sleeping secondary to pain complaints. The applicant's medications reportedly included Nucynta, Lyrica, Advair, and Amitiza, it was stated in another section of the note. Toward the bottom of the note, Lyrica, Advil, and Nucynta were endorsed while Norco was reportedly discontinued. On September 24, 2015, it was again acknowledged that the applicant was not working and still having difficulty performing activities of daily living as basic as grocery shopping, cleaning his house, cooking, and the like. Unchanged, 5/10 pain complaints were noted. The applicant was not working, the treating provider acknowledged. The treating provider stated that the applicant was still using Norco at times for pain relief. Toward the bottom of the note, Percocet was endorsed, while Nucynta was discontinued. The attending provider's documentation suggested that Nucynta had previously

been introduced owing to heightened sedation associated with Norco usage. On an earlier note dated July 30, 2015, it was suggested that the applicant was using Norco, Amitiza, and Lyrica as of this point in time. On April 24, 2014, Nucynta was introduced on the grounds that then-prescribed Norco was generating side effects to include constipation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol (Nucynta).

Decision rationale: No, the request for Nucynta, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. While ODGs Chronic Pain Chapter Tapentadol topic notes that Nucynta is recommended only as a second-line therapy for applicants who developed intolerable adverse effects with first-line opioids, as seemingly transpired here in the form of the applicant's having developed heightened sedation with earlier Norco usage, this recommendation is, however, qualified by commentary made on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should employ the lowest possible dose of opioids needed to improve pain and function. Here, however, the September 24, 2015 office visit suggested that the applicant was in fact concurrently using 2 separate short-acting opioids, Norco and Nucynta. It did not appear that the applicant had followed through on physician recommendations to discontinue previously prescribed Norco. The applicant's usage of multiple different short-acting opioids, including the Nucynta at issue, Norco, and Percocet, in close temporal proximity to each other, thus, was at odds with the injunction on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. It is further noted that the applicant had used Nucynta at various points over the course of the claim, including on an earlier note dated April 24, 2014. The applicant, however, seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. The applicant was not working; it was reported on August 27, 2015. Activities of daily living as basic as cooking, cleaning, grocery shopping, and driving remained problematic, it was reported on that date. The attending provider's commentary to the effect that the applicant's ability to ride a bike thrice weekly in unspecified amounts as a result of ongoing medication consumption appeared to represent a historical carryover from previous office visits, was not quantified, and was, moreover, outweighed by the applicant's failure to return to work and continued difficulty performing activities of daily living as basic as cooking, cleaning, and driving. The attending provider failed, in short, to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage, including prior Nucynta usage. Therefore, the request was not medically necessary.