

Case Number:	CM15-0219806		
Date Assigned:	11/12/2015	Date of Injury:	03/20/2014
Decision Date:	12/24/2015	UR Denial Date:	11/02/2015
Priority:	Standard	Application Received:	11/09/2015

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: 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 injured worker is a 27 year old male, who sustained an industrial injury on 03-20-2014. The injured worker is currently able to work with restrictions. Medical records indicated that the injured worker is undergoing treatment for chronic low back pain, neck pain, bilateral shoulder pain status post left shoulder surgery, right shoulder pain, and thoracic spine pain. Treatment and diagnostics to date has included lumbar and cervical spine MRI's, Botox injections to low back, and medications. Recent medications have included Norco, Percocet (started on 09-21-2015), and Nucynta (started on 10-19-2015). Subjective data included neck, low back, and shoulder pain rated 7 out of 10 on 10-19-2015 and on 09-21-2015, the injured worker noted that the Norco was bringing his pain levels down from a 9 out of 10 to a 3 out of 10. Objective findings (09-21-2015) included positive right straight leg raise test, limited right shoulder range of motion, and tenderness across the joint line of the bilateral knees. The treating physician noted that the injured worker stated the Percocet made him "really dizzy" and that Tramadol has made him feel dizzy in the past. The request for authorization dated 10-27-2015 requested Nucynta 50mg #60. The Utilization Review with a decision date of 11-01-2015 non-certified the request for Nucynta 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Tapentadol (Nucynta).

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

Decision rationale: MTUS Guidelines allow for a rotation of opioids if a particular one has not been effective. This prescription is for a trial of Tapentadol, which meets Guideline standards for at least a trial basis. The ODG Guidelines note that this medication is a 2nd line opioid, but there is well documented intolerance to at least 2 other opioids and another opioid which was reported to be beneficial was denied. Under these circumstances, the trial of Tapentadol (Nucynta) 50mg. #60 is supported by Guidelines and is medically necessary. If this medication does not appear to meet Guidelines on a longer-term basis it can be re-reviewed in the future.