

Case Number:	CM15-0221876		
Date Assigned:	11/17/2015	Date of Injury:	09/03/2009
Decision Date:	12/30/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/11/2015

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 55 year old female injured worker suffered an industrial injury on 9-3-2009. The diagnoses included lumbar fusion 1999, right and left sciatica, chronic intractable pain syndrome, osteoarthritis right knee, low back pain, and chronic lumbar post-laminectomy syndrome. On 10-20-2015 the provider reported the back pain continued to be present all the time. The left buttock and leg pain remained much more bothersome. The provider noted she had not been able to decrease the Nucynta due to back and leg pain. The right knee pain remained elevated. The pain was rated 4 out of 10 on a good day, current pain 5 out of 10, and 6 to 7 out of 10 on a bad day. Medications in use were Morphine Sulfate and Nucynta. On exam there were mild spasms of the thoracolumbar muscles. There was increased stiffness and tenderness with range of motion, increased tenderness of the left sciatic and tibial nerves and increased tenderness if the left peroneal nerve. The left straight leg raise was positive. The provider noted on 8-28-2015 there was a pain agreement on file and opioid risk screening was completed and was on file. Nucynta had been in use since at least 3-2015. The documentation provided did not include evidence of a comprehensive pain evaluation with pain levels with and without medications, no detailed evidence of functional improvement with treatment and no details of an aberrant risk assessment. Prior treatments included lumbar epidural steroid injections in 2007 and 2008. Diagnostics included 6-16-2015 a urine drug screen was performed but results were not included in the medical record. Request for Authorization date was 10-28-2015. Utilization Review on 11-3-2015 determined modification for Nucynta 50mg #180 to #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); <http://www.odg-twc.com/odgtwc/pain.htm#opioids>.

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) Section.

Decision rationale: MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. In this case, there is no objective evidence of functional improvement and no indication that the injured worker has intolerable adverse effects with first-line opioids. The request for Nucynta 50mg #180 is not medically necessary.