

Case Number:	CM15-0222917		
Date Assigned:	11/18/2015	Date of Injury:	12/21/2002
Decision Date:	12/30/2015	UR Denial Date:	10/20/2015
Priority:	Standard	Application Received:	11/12/2015

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: Emergency 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 51 year old male, who sustained an industrial injury on 12-21-02. The injured worker was diagnosed as having intervertebral disc displacement lumbar region; low back pain-previous lumbar fusion. Treatment to date has included medications. Currently, the PR-2 notes dated 10-14-15 the provider documents "7 out of 10 in his lower back which has started radiating down to his right leg. He has an interest in switching to Nucynta instead of Norco to decrease his need and to hopefully decrease his pain and to decrease his need to muscle relaxants TCA and sleep medications." The provider lists the injured worker's current medications as: Soma; Norco 10-325mg; Prednisone 20mg titrated schedule; Flomax; Latanoprost eye drops; Metoprolol and Nitrostat. The provider includes a physical examination noting the injured worker has a "global antalgic gait. He has slowed gait and stoop gait that is also wide based." On palpation, the provider notes paravertebral muscles, hypertonicity, spasm, tenderness, tight muscle band and trigger point on both sides with multiple myofascial trigger points noted. The provider's treatment plan is to request Nucynta 50 mg to take the place of Norco for this week then consider to 100mg if beneficial. He will also consider a cortisone injection. A Request for Authorization is dated 11-12-15. A Utilization Review letter is dated 10-20-15 and non-certification for Nucynta 50 mg #14. A request for authorization has been received for Nucynta 50 mg #14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg #14: Upheld

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

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, see Nucynta: Tapentadol (Nucynta).

Decision rationale: The requested Nucynta 50 mg #14 is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is "Not recommended, but only recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The injured worker has hypertonicity, spasm, tenderness, tight muscle band and trigger point on both sides with multiple myofascial trigger points noted." The treating physician has not documented failed trials of first-line opiates. The criteria noted above not having been met, Nucynta 50 mg #14 is not medically necessary.