

Case Number:	CM15-0056587		
Date Assigned:	04/01/2015	Date of Injury:	07/13/2002
Decision Date:	05/07/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/25/2015

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: Internal 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 50 year old female, who sustained an industrial injury on 07/13/2002. She has reported subsequent low back and neck pain and was diagnosed with cervicalgia, myofascial pain syndrome and pain in the thoracic spine. Treatment to date has included oral pain medication and TENS unit. In a progress note dated 01/20/2015, the injured worker complained of low back and neck pain. A request for authorization of Nucynta refill was made.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60: 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), Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints Page(s): 47-48, 181-183, 308-310, Chronic Pain Treatment Guidelines Opioids Page 74-96.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Recommend that dosing not exceed 120 mg oral morphine equivalents per day. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for neck and back complaints. The medical records document chronic neck and back pain. Medical records document the long-term use of opioid medications, which is not supported by MTUS guidelines. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back complaints. The primary treating physician's progress report dated 12/22/14 documented that current medications included Nucynta 100 mg, Lortab 10/500 mg, Norco 10/325 mg, and Morphine Sulfate Immediate Release (MSIR) 15 mg. The primary treating physician's progress report dated 1/20/15 documented that current medications included Lortab 10/500 mg and Morphine Sulfate Immediate Release (MSIR) 15 mg. Per MTUS, the lowest possible dose of opioid should be prescribed. The MTUS guideline recommendation is that opioid dosing not exceed 120 mg oral morphine equivalents per day. The primary treating physician's progress report dated 2/18/15 documented that current medications included Nucynta 100 mg, Lortab 10/500 mg, Norco 10/325 mg, and Morphine Sulfate Immediate Release (MSIR) 15 mg. The 2/18/15 progress report documented that the patient's current medication regimen includes four opioid medications. ACOEM guidelines indicate that the long-term use of opioids is not recommended for neck and back complaints. The request for Nucynta is not supported by MTUS guidelines. Therefore, the request for Nucynta is not medically necessary.