

Case Number:	CM15-0059824		
Date Assigned:	04/29/2015	Date of Injury:	07/01/2001
Decision Date:	05/28/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/30/2015

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, Illinois

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 was a 55 year old female, who sustained an industrial injury, July 1, 2001. The injured worker previously received the following treatments Celebrex, Nucynta and Tizanidine. The injured worker was diagnosed with cervical spondylosis, thoracic spondylosis and post laminectomy syndrome. According to progress note of March 2, 2015, the injured workers chief complaint was neck and back pain. The injured worker occasionally used Nucynta immediately release for breakthrough pain. The medications were helpful. The Nucynta helped the injurer worker remain active and controlled the inured worker's pain. The physical exam noted the persistent cervical and lumbar spine tenderness. The treatment plan included a prescription for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 MG #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Tapentadol (Nucynta).

Decision rationale: The injured worker sustained a work related injury on July 1, 2001. The medical records provided indicate the diagnosis of cervical spondylosis, thoracic spondylosis and post laminectomy syndrome. Treatments have included Celebrex, Nucynta and Tizanidine. The medical records provided for review do not indicate a medical necessity for Nucynta 100 MG #30. The MTUS recommends the use of the lowest dose of opioids for the short term treatment of moderate to severe pain. The MTUS does not recommend the use of opioids for longer than 70 days in the treatment of chronic pain due to worsening adverse effects and lack of research in support of benefit. Also, the MTUS recommends that individuals on opioid maintenance treatment be monitored for analgesia (pain control), activities of daily living, adverse effects and aberrant behavior; the MTUS recommends discontinuation of opioid treatment if there is no documented evidence of overall improvement or if there is evidence of illegal activity or drug abuse or adverse effect with the opioid medication. The records indicate the use of this medication predates 04/2014; there is no proper monitoring of pain relief, activities of daily living. The records do not indicate the injured worker is being monitored for functional improvement. The Official Disability Guidelines states that Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The request is not medically necessary.