

Case Number:	CM15-0242056		
Date Assigned:	12/21/2015	Date of Injury:	12/02/2014
Decision Date:	01/25/2016	UR Denial Date:	11/24/2015
Priority:	Standard	Application Received:	12/11/2015

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 injured worker is a 39 year old, female who sustained a work related injury on 12-2-14. A review of the medical records shows she is being treated for neck, low back and multiple other body parts pain. In the Visit Note dated 11-12-15, the injured worker reports neck pain that radiates down left arm. She reports low back pain that radiates down her left leg. She reports headaches. She reports pain in upper and mid back, both shoulders, left arm, left wrist, left hand, both hips, left knee, left ankle and left foot. She reports pain is associated with numbness and tingling in right arm, right hand, right leg and right foot as well as weakness in the right arm and right hand. She reports her pain level is an 8 out of 10. She reports 60% of pain is in neck and 40% of pain is in her left arm. Upon physical exam dated 11-12-15, she has restricted cervical range of motion. She has trigger point tenderness in cervical paraspinal and left trapezius muscles. She has restricted lumbar range of motion. She has tenderness and trigger points in lumbar paravertebral muscles. Treatments have included about 12-14 sessions of physical therapy-moderate pain relief, medications, chiropractic treatments, a cervical epidural steroid injection-no significant pain relief, trigger point injections-no significant pain relief and acupuncture-moderate pain relief. Current medications include Ibuprofen and Norco. She is temporarily disabled. The treatment plan includes discontinuing Norco and starting Nucynta, starting Zanaflex, EMG-NCV studies of upper and lower extremities, for an MRI of lumbar spine, an evaluation with a pain psychologist and a urine drug screen. The Request for Authorization dated 11-16-15 has requests for EMG-NCV of upper and lower extremities, for an

MRI of lumbar spine and pain management psychological evaluation. In the Utilization Review dated 11-24-15, the requested treatment of Nucynta 50mg. #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: 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 (Chronic), Tapentadol.

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 indication that the injured worker has intolerable adverse effects with first-line opioids, and has been taking Norco with documented efficacy. The request for Nucynta ER 200mg #60 is not medically necessary.