

Case Number:	CM14-0113029		
Date Assigned:	08/01/2014	Date of Injury:	03/15/2006
Decision Date:	09/30/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	07/18/2014

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 39-year old patient had a date of injury on 3/15/2006. The mechanism of injury was not noted. In a progress noted dated 5/28/2014, subjective findings included severe pain which is 80% in low back and 20% in legs. On a physical exam dated 5/28/2014, objective findings included that the patient is able to stand on his heels and toes without difficulty. There was tenderness to palpation bilaterally in the L1-L5 paraspinal musculature. No significant changes were noted from last visit. Diagnostic impression shows failed back surgery syndrome. A UR decision dated 6/13/2014 denied the request for Nucynta 75mg #60. The rationale for the denial was not provided in the reports viewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #60: Upheld

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

Decision rationale: MTUS does not address this issue. ODG states that Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonist and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In the reports viewed, and in the latest progress report dated 5/28/2014, the doctor did mention that this medication produced functional improvements and decreased pain levels. However, there was no documentation that this patient had adverse side effects or any gastrointestinal intolerability from 1st line opioids such as oxycodone. Furthermore, on a progress report dated 4/30/2014, the patient is documented to be on Opana after failing Norco. Therefore, the request for Nucynta 75mg #60 is not medically necessary.