

Case Number:	CM14-0125872		
Date Assigned:	09/18/2014	Date of Injury:	09/20/2011
Decision Date:	10/17/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/08/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management, 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 is a male patient with the date of injury of September 20, 2011. A Utilization Review was performed on July 25, 2014 and recommended non-certification of 180 tablets of Nucynta 100 mg between 7/23/2014 and 9/6/2014 and 60 tablets of Tramadol ER 150 mg between 7/23/2014 and 9/6/2014. An Interval Report dated July 14, 2014 identifies Chief Complaint of bilateral lower extremity pain. He notes that with the meds he is able to increase his total functionality. Physical Examination identifies positive TTP lumbar paraspinous area. Decreased sensation noted throughout the LEs. Impression identifies spinal stenosis, burn unspecified, unspecified myalgia/myositis, depressive disorder, encounter therapeutic drug, encounter long term use, lumbalgia, unspecified thoracic/lumbosacral, and spinal stenosis. Plan identifies he states that the opioid medication is decreasing his pain level and improving his function. Nucynta 100 mg 1 po Q4 hours prn pain #180 and Tramadol ER 150 mg 2 po qd #60 no refills were prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines- pain chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Tapentadol (Nucynta), the California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that opioids are decreasing the patient's pain and improving function. However, there is no documentation of specific examples of functional improvement and percent reduction in pain or reduced NRS. In addition, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested tapentadol (Nucynta) is not medically necessary.

Tramadol extended release tablets 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Ultram (Tramadol), the California Pain Medical Treatment Guidelines state that Ultram is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is note that opioids are decreasing the patient's pain and improving function. However, there is no documentation of specific examples of functional improvement and percent reduction in pain or reduced NRS. In addition, there is no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Ultram (tramadol), is not medically necessary.