

Case Number:	CM14-0129054		
Date Assigned:	08/20/2014	Date of Injury:	09/24/2009
Decision Date:	10/14/2014	UR Denial Date:	07/31/2014
Priority:	Standard	Application Received:	08/13/2014

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 Occupational 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:

There were 110 pages provided for this review. The application for independent medical review was signed on August 11, 2014. It was for Nucynta 50 mg. No frequency was noted. Per the records provided, the patient is a 66-year-old male injured back in the year 2009. The electromyogram showed a right L3 radiculopathy. He failed Vicodin and tramadol. He is on multiple opiate medicines and the Nucynta three times daily. The pain score averages eight out of 10 when documented. The treating provider has suggested cervical epidural steroid injections. There is no evidence of functional objective improvements out of the use of this opiate. There were no urine screens to verify usage. The patient has failed other opiates but there is no verification of functional benefit from the use of this medicine. There was a review from July 29, 2014. He is described here as a 66-year-old man injured on September 24, 2009. He failed Vicodin and tramadol. He is on multiple non-opiate medicines and new scintilla three times daily. There again is no evidence of functional benefit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta (tapentadol 50mg) #90 with no refills for the cervical and lumbar spine: 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), Nucynta: Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. There is no mention of the frequency and duration of the medicine, which is a key element for such a strong narcotic. The request for long-term opiate usage is not certified per MTUS guideline review.