

Case Number:	CM14-0140929		
Date Assigned:	09/10/2014	Date of Injury:	03/13/2012
Decision Date:	10/10/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/02/2014

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 & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 48-year-old male with a reported date of injury on 03/13/2012. The injury reportedly occurred when the injured worker was picking up objects. His diagnoses were noted to include chronic lower back pain with bilateral lower extremity radiating pain. His previous treatments were noted to include physical therapy, epidural steroid injections, and medication. The progress note dated 06/24/2014 revealed complaints of back pain and a neck injury. The injured worker complained of ongoing pain to the lower back and reported he took Nucynta for pain and had a great deal of difficulty sleeping because of his back pain. The injured worker indicated he had been doing his home exercise program. The physical examination revealed moderate tenderness to the lumbar spine with moderate spasms. The active range of motion of the lumbar spine was 50% of normal and extension caused radiating pain to the buttocks. The injured worker walked with a normal gait. The Request for Authorization form was not submitted within the medical records. The request was for Nucynta (tapentadol) 100 mg for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta (Tapentadol) 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta

Decision rationale: The request for Nucynta (Tapentadol) 100 mg is not medically necessary. The injured worker has been utilizing this medication since at least 06/2014. The Official Disability Guidelines recommend tapentadol only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. 3 large random controlled trials concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis of the knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. Tapentadol is a centrally acting oral analgesic. Nucynta is FDA approved for severe chronic pain and acute pain. There is a lack of documentation regarding efficacy and improved functional status with the utilization of this med. There is a lack of documentation regarding intolerable adverse effects to use Nucynta as a second line therapy; the documentation provided indicated the injured worker was switched to Nucynta due to Ultram being ineffective. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request for Nucynta (Tapentadol) 100 mg is not medically necessary.