

<b>Case Number:</b>	CM14-0162272		
<b>Date Assigned:</b>	10/07/2014	<b>Date of Injury:</b>	12/18/1999
<b>Decision Date:</b>	11/04/2014	<b>UR Denial Date:</b>	09/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/02/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 59-year-old female who was injured on December 18, 1999. The patient continued to experience pain in her neck and upper extremity. Physical examination was not documented. Diagnoses included lumbosacral neuritis and lumbago. Treatment included medications, physical therapy, chiropractic treatments, surgery, and massage therapy. Request for authorization for Nucynta IR 100 mg #240 was submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta IR 100mg QTY: 240:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

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

**Decision rationale:** MTUS does not comment on Nucynta. Nucynta is tapentadol, a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta was made a Schedule II controlled substance. Such drugs are sought by drug abusers and people with addiction disorders. Nucynta may be abused by crushing, chewing, snorting or injecting the product. These practices pose a

significant risk to the abuser that could result in overdose and death. 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. Nucynta is recommended as a second line therapy when patients develop intolerable adverse effects to first line opioids. In this case the patient had been taking Nucynta for several months. There is no documentation that he patient has had intolerable adverse effects to first-line opioid medications. There is no documentation that the patient has signed an opioid contract or is participating in urine drug testing. The treating physician is trying to wean the patient from Nucynta., but request is for baseline number of pills used in one month. Criteria for long-term opioid use have not been met. The request should not be authorized.