

Case Number:	CM14-0219091		
Date Assigned:	01/09/2015	Date of Injury:	10/23/2003
Decision Date:	03/19/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	12/31/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Arizona, Michigan

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 50 year old woman sustained an industrial injury on 10/23/2003 resulting in joint and shoulder pain. Current diagnoses include degeneration of cervical intervertebral disc, cervical radiculopathy, neck pain, and neuropathic pain. Treatment has included oral medications, occupational therapy, and physical therapy. Pain management notes dated 11/25/2014 show that the worker has had increasing neck pain. Her pain has been controlled with medications since her last visit, however, the Lyrica is causing dizziness and the worker presents for medication management. The Lyrica was discontinued, and all other medications were continued including Nucynta ER. There are no laboratory reports submitted to show a urine drug screen and no measurement of functional improvement from the Nucynta ER alone as the worker is on a regimen of pain medications. On 12/22/2014, Utilization Review evaluated a prescription for Nucynta ER 100 mg #30 that was submitted on 12/30/2014. The UR physician noted that there was no documentation of a urine drug screen submitted or documentation of a signed opiate agreement. The MTUS, ACOEM Guidelines, or ODG was cited. The request was denied and subsequently appealed to Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 100MG #30 / DENIED BY PHYSICIAN ADVISOR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Dosing Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 74-96. Decision based on Non-MTUS Citation Pain (chronic)

Decision rationale: Per the MTUS, opioids are recommended in the treatment of chronic pain following very specific guidelines. Tapentadol is a short acting opioid, which is effective in the treatment of chronic pain and also for breakthrough pain. Per the ODG Tapentadol is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids, 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; if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be considered as a second-line choice. the patient is being prescribed Nucynta ER, Per the ODG In August 2011 FDA approved tapentadol extended release (Nucynta ER) for moderate to severe chronic pain, however a review of her medical records do not show that she is unable to tolerate first line opioids therefore based on her clinical presentation and the guidelines the request for NUCYNTA ER 100MG #30 is not medically necessary.