MAXIMUS Federal Services

Case Number:	CM15-0013538		
Date Assigned:	01/30/2015	Date of Injury:	07/30/1997
Decision Date:	03/25/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/22/2015

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: California
Certification(s)/Specialty: Family Practice

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 60 year old male with an industrial injury dated July 30, 1997. The injured worker is unemployed. The injured worker diagnoses include lumbar disc disorder and lumbosacral spondylosis without myelopathy. He has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 12/16/14, physical exam revealed spasm in the lumbar paravertebral region. Lumbar spine was positive for back pain and the range of motion was restricted. The treating physician noted that the injured worker had good pain relief from Nucynta, however he continues to have significant pain in his low back which radiates down both lower extremities. The treating physician recommendation was for an increase dosage for better pain control The treating physician prescribed Nucynta ER 100 mg #56. The injured worker is also being prescribed Soma, Ambien and Norco 10/235 mg , at least 5 per day. Utilization Review determination on December 26, 2014 denied the request for Nucynta ER 100 mg #56, citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100 mg #56: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Tapentadol (Nucynta)

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

Decision rationale: According to the MTUS guidelines, chronic use of opioids leads to dependence and tolerance. In this case, the patient has been prescribed opioids for an extended period of time. The injured worker was previously being prescribed Norco 10/325 mg #168, however, he is complaining of 9/10 pain and Nucynta has been added to his opioid regimen. Moreover, at this time, the morphine equivalent dosage of Norco 10/325 mg (at least 5 per day) and Nucynta ER 100 mg two per day is 130 which exceed the recommended ceiling or morphine equivalent dosage of 120. Furthermore, there is no evidence of improvement in function to support the request for opioids. The injured worker is noted to be unemployed. The request for long acting opioid medication is not supported. The request for Nucynta ER 100 mg #56 is not medically necessary.