MAXIMUS Federal Services

Case Number:	CM15-0013761		
Date Assigned:	02/02/2015	Date of Injury:	06/10/2009
Decision Date:	03/19/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/23/2015

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: Physical Medicine & Rehabilitation

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 36 year old male who sustained an industrial injury when kicked by a co-worker on June 10, 2009. There were no surgical interventions documented. The injured worker was diagnosed with chronic pain syndrome, lumbar, thoracic, and cervical disc displacement without myelopathy and headaches. Current medications consist of Nucynta, Senna and Protonix. Has had chiropractic therapy in the past which was not beneficial. The injured worker continues to use comprehensive treatment modalities at home learned in physical therapy and a 6 week functional restoration programs (FRP's) attended from September 29, 2014 to November 7, 2014. The treating physician requested authorization for Nucynta 50mg #90. On January 16, 2014 the Utilization Review modified the certification for Nucynta 50mg #90 to Nucynta 50mg #80. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78 & 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opoids, page(s) page 74-96.

Decision rationale: NUCYNTA (tapentadol) Tablets has the chemical name 3-[(1R,2R)-3-(dimethylamino)-l-ethyl-2-methylpropyl]phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. NUCYNTA (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. The Nucynta 50mg #90 is not medically necessary and appropriate.