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| Case Number: | CM15-0123213 | | |
| Date Assigned: | 07/07/2015 | Date of Injury: | 08/06/2000 |
| Decision Date: | 08/04/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 06/25/2015 |

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: Texas, 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:

This is a (n) 62 year old female patient, who sustained an industrial injury on 8/6/00. She reported pain in her neck and back after being pushed down by a customer. The diagnoses include chronic severe pain disorder, fibromyalgia and depression. Per the doctor's note dated 5/4/15, she had complaints of pain in her neck and back. She rates her pain a 2/10 with medications. Physical examination revealed decreased range of motion. The medications list includes nucynta IR, nucynta ER, lyrica, vyvanse, abilify and simvastatin. Treatment to date has included physical therapy, psychological treatments, an EMG study and Nucynta since at least 1/5/15. She has had urine drug screen on 2/26/2015 with consistent findings. The treating physician requested to continue Nucynta 50mg, unspecified quantity and Nucynta ER 150mg, unspecified quantity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, unspecified quantity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Opioids, pain treatment agreement; Opioids, dosing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Tapentadol (Nucynta).

Decision rationale: CA MTUS does not specifically address Nucynta. Nucynta (tapentadol) is a centrally acting opioid agonist similar to tramadol. Per the ODG cited above. " Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afilalo, 2010) (Buynak, 2010) (Lange, 2010) On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. "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, "...Nucynta was already approved for acute pain. (FDA, 2011)" According to the records provided patient had chronic neck and back pain. She has positive findings on examination- decreased range of motion of the lumbar and cervical spine. Patient had urine drug screen on 2/26/15 with consistent findings. The patient has chronic pain with significant abnormal objective findings. The chronic pain is prone to intermittent exacerbations. A request for Nucynta 50mg, unspecified quantity is medically appropriate and necessary for this patient at this juncture for chronic pain as well as for use during acute exacerbations.

Nucynta ER (extended release) 150mg, unspecified quantity: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment; Opioids, pain treatment agreement; Opioids, dosing.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 07/15/15) Tapentadol (Nucynta).

Decision rationale: CA MTUS does not specifically address Nucynta. Nucynta (tapentadol) is a centrally acting opioid agonist similar to tramadol. Per the ODG cited above. " Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afilalo, 2010) (Buynak, 2010) (Lange, 2010) On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. "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, "Nucynta was already approved for acute pain. (FDA, 2011)" According to the records provided patient had chronic neck and back pain. She has positive findings on examination, decreased range of motion of the lumbar and cervical spine. Patient had urine drug screen on 2/26/15 with consistent findings. The patient has chronic pain with significant abnormal objective findings. The chronic pain is prone to intermittent exacerbations. A request for Nucynta ER (extended release) 150mg, unspecified quantity is medically appropriate and necessary for this patient at this juncture for chronic pain, as well as, for use during acute exacerbations.

