

Case Number:	CM15-0138474		
Date Assigned:	08/18/2015	Date of Injury:	2/12/2013
Decision Date:	11/25/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/16/2015

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: 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:

The injured worker is a 32 year old male with an industrial injury dated 02-12-2013. A review of the medical records indicates that the injured worker is undergoing treatment for status post right L4-5 laminotomy microdiscectomy on 03-30-2015. According to the progress note dated 07-08-2015, the injured worker reported low back pain. Pain level was 7 out of 10 on a visual analog scale (VAS). The injured worker reported that the symptoms are constant and made worse by prolonged sitting, standing and walking. The symptoms are alleviated with Norco. Medications include Tramadol, Ibuprofen, Valium, Keflex and Norco. The injured worker reported low back pain is more problematic at night. The injured worker reported great improvement in his sciatica since surgery. The injured worker reported that he developed a rash after starting Tramadol and is currently only taking Ibuprofen. Objective findings (04-15-2015, 05-27-2015, 07-08-2015) revealed inspection and percussion within normal limits without tenderness, obvious masses or swelling of the head, neck, spine and all four extremities with the exception of the lumbar spine. Treatment has included prescribed medications, physical therapy and periodic follow up visits. The treating physician prescribed Nucynta 75 mg, forty count, now under review. The utilization review dated 07-15-2015, non-certified the request for Nucynta 75 mg, forty count.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg, forty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that 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. In this case, the injured worker is status-post right L4-5 laminotomy microdiscectomy on 03-30-2015, and there is documentation that he has had an adverse reaction to Tramadol, and ibuprofen alone is not managing his pain. Therefore, the request for Nucynta 75 mg, forty count is determined to be medically necessary.