MAXIMUS Federal Services

| Case Number: | CM15-0170233 | | |
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| Date Assigned: | 09/10/2015 | Date of Injury: | 12/03/2000 |
| Decision Date: | 10/13/2015 | UR Denial Date: | 07/28/2015 |
| Priority: | Standard | Application Received: | 08/28/2015 |

## 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, North Carolina
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 62 year old female, who sustained an industrial injury on 12-03-2000. She has reported injury to the low back. The diagnoses have included chronic low back pain; intervertebral disc rupture; and status post spinal stimulator and spinal fusion L3-4. Treatment to date has included medications, diagnostics, spinal cord stimulator, and surgical intervention. Medications have included Oxycontin, Norco, Fentanyl Patch, Ambien, Cymbalta, Gabapentin, and Motrin. A progress report from the treating physician, dated 07-17-2015, documented an evaluation with the injured worker. Currently, the injured worker complains of "not feeling good", she is "in a lot of pain"; she stated that her medication was "cut down on too fast"; she stated that her "spinal stimulator is not working at all"; the Norco is making her nauseated; her pain level can go up to 12 out of 10 in intensity; she is not sleeping good; and she stated that she "knows that she is going to be this way for the rest of her life and she is going to need pain medication for the rest of her life". Objective findings included she is alert and oriented; somewhat hard of hearing; she is not able to sit or stand; she is very restless and moving around; tenderness is 4+ with muscle spasm of the lumbar spine; and she cannot stand and touch her toes without bending the knees. The treatment plan has included the request for Nucynta 50mg quantity: 30.00. The original utilization review, dated 08-18-2015, non-certified a request for Nucynta 50mg quantity: 30.00, non-establishment of medical necessity, as the injured worker is currently taking first-line opioids.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg QTY: 30.00:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Tapentadol (Nucynta).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic).

**Decision rationale:** CA MTUS does not specifically address the use of Nucynta (Tapentadol). The ODG states that Nucynta is recommended as a second-line therapy for patients who develop intolerant adverse side effects (such as constipation, nausea and/or vomiting) with first-line opioids. In this case, the patient is already taking a first-line opioid, Oxycontin. There are no reports of intolerant adverse effects, therefore the rationale for adding a second-line opiate is not established. Therefore the request for Nucynta is not medically necessary or appropriate.