

Case Number:	CM15-0171652		
Date Assigned:	09/28/2015	Date of Injury:	03/02/1998
Decision Date:	11/03/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/31/2015

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: Arizona, 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 55 year old female, who sustained an industrial injury on 03-02-1998. A review of the medical records indicates that the injured worker (IW) is undergoing treatment for low back pain, lumbar radiculopathy, carpal tunnel syndrome, chronic pain syndrome, possible cervical radiculopathy, recent fall with possible new disc herniation and S1 radiculopathy, anxiety and depression. Medical records (04-14-2015 to 08-20-2015) indicate ongoing and worsening of low back pain and pain in the buttocks radiating into the lower extremities. There is also pain reported in the right knee and ankle, and numbness in the thighs. Pain levels were 9-10 out of 10 on a visual analog scale (VAS) without medications, and reduced to 4-6 out of 10 with medications. This is improved from a previous exam dated 05-20-2015, which reported pain levels of 7 out of 10 with medications. Pain is aggravated by prolonged activities and alleviated by changing positions and injections. Per the treating physician's progress report (PR), the IW has not returned to work. The physical exam, dated 08-20-2015, revealed positive straight leg raises bilaterally, minimal joint effusion in the right knee, limited active range of motion in the right knee (flexion 0-100°), 4 out of 5 strength in the right lower extremity, absent reflexes in the left quadriceps, 1+ for the gastroc soleus, and a slightly antalgic gait. There were no changes from the previous physical exam findings on 05-20-2015. Relevant treatments have included previous global fusion at L5-S1, bilateral carpal tunnel surgeries (2012 & 2014), steroid injections, physical therapy (PT), psychiatric treatments, work restrictions, and pain medications (Nucynta since at least 04-2015). The treating physician states that the IW benefits from her medications (especially Nucynta) by allowing her to care for her disabled son, activities of daily

living with ease, and household chores, which she would not be able to do without medications. The treating physician indicates that the previous toxicology screening was on 07-17-2015 and was consistent (as was other previous screenings) with prescribed medications. There have been no adverse side effects indicated and there is reportedly a opioid agreement and CURES on file. The request for authorization (08-20-2015) shows that the following medications were requested: Nucynta 200mg #60 and Nucynta 75mg #120. The original utilization review (08/04/2015) partially approved the request for Nucynta 200mg #60 and Nucynta 75mg #120 to a one time fill for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 200 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. 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. In this case, there was no mention of weaning or trial of alternate non-opioids or GI intolerance. NSAID, Tylenol or weaning failure were not noted. Continued use of Nucynta 200 mg is not justified and not medically necessary.

Nucynta 75 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. 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. In this case, there was no mention of weaning or trial of alternate non-opioids or GI intolerance. NSAID, Tylenol or weaning failure were not noted. Continued use of 75 mg is not justified and not medically necessary.