

Case Number:	CM15-0022388		
Date Assigned:	02/11/2015	Date of Injury:	04/25/1996
Decision Date:	04/01/2015	UR Denial Date:	01/21/2015
Priority:	Standard	Application Received:	02/06/2015

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: Internal 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 58 year old male, who sustained an industrial injury on April 25, 1996. The diagnoses have included right ankle fusion and removal of hardware with chronic pain and arthritis; right knee degenerative joint disease (DJD) with instability (6 surgeries), left knee sprain/strain with degenerative joint disease (DJD), chronic back pain lumbar degenerative joint disease (DJD) and depression. A progress note dated January 8, 2015 provided the injured worker complains of severe back pain with knee pain and cramping in legs. Pain is rated 4/10 with medication and 10/10 without medication and reports 50% improvement in function with use of medication. Physical exam reveals muscle spasm of lumbar spine, sensory loss of right leg and foot, with bilateral crepitus of knees with painful range of motion (ROM). On January 21, 2015 utilization review modified a request for Nucynta 100 mg Quantity: 90.00. The Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated January 29, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg Qty: 90.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment, Chapter 12 Low Back Complaints, Chapter 13 Knee Complaints, Chapter 14 Ankle and Foot Complaints Page(s): 47-48, 308-310, 346-347, 376-377, Chronic Pain Treatment Guidelines Opioids Page 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Nucynta (Tapentadol). FDA Prescribing Information Nucynta (Tapentadol) <http://www.drugs.com/pro/nucynta.html>.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines address opioids. The lowest possible dose should be prescribed to improve pain and function. Frequent evaluation of clinical history and frequent review of medications are recommended. Periodic review of the ongoing chronic pain treatment plan for the injured worker is essential. Patients with pain who are managed with controlled substances should be seen regularly. American College of Occupational and Environmental Medicine (ACOEM) 2nd Edition (2004) Chapter 3 states that opioids appear to be no more effective than safer analgesics for managing most musculoskeletal symptoms. Opioids should be used only if needed for severe pain and only for a short time. ACOEM guidelines state that the long-term use of opioids is not recommended for back, knee, and ankle conditions. Official Disability Guidelines (ODG) Pain (Chronic) indicates that Nucynta (Tapentadol) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. FDA guidelines indicate that Nucynta (Tapentadol) is indicated for the management of moderate to severe acute pain in adults. The progress reports dated 8/1/15, 8/28/14, 10/8/14, 11/10/14, and 12/9/14 documented prescriptions for Norco 10/325 mg #90. The progress report dated 1/8/15 documented back pain, knee pain, and a history of ankle surgery. The date of injury was 04-25-1996. Norco 10/325 mg #90 was prescribed. The physician documented: "If Norco is not being authorized, I gave him a prescription for Nucynta immediate release 100 mg." Medical records document the long-term use of opioids. ACOEM guidelines indicate that the long-term use of opioids is not recommended for back, knee, and ankle conditions. Per MTUS, the lowest possible dose of opioid should be prescribed. The date of injury was 04-25-1996. FDA guidelines indicate that Nucynta (Tapentadol) is indicated for acute pain. The patient's occupational injuries are chronic. The progress report dated 1/8/15 did not report intolerable adverse effects with first line opioids. Per ODG, Nucynta (Tapentadol) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The request for Nucynta is not supported by MTUS, ACOEM, or ODG guidelines. Therefore, the request for Nucynta is not medically necessary.