

Case Number:	CM15-0062553		
Date Assigned:	04/08/2015	Date of Injury:	11/28/1997
Decision Date:	05/13/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	04/02/2015

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: 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 50 year old female with an industrial injury dated 11/28/1997. The injured worker diagnoses include chronic lumbar radiculopathy with spasm and low back pain. She has been treated with diagnostic studies, prescribed medications, home exercise therapy and periodic follow up visits. According to the progress note dated 03/10/2015, the injured worker reported that her functional level is worse since she cannot control spasm and cannot afford to purchase diazepam or marijuana which helped. The injured worker reported pain in groin/vagina and incontinence of bladder and bowel. The treating physician noted that the injured worker was in the emergency department about six weeks ago secondary to pain. Treatment included a pain shot which lasted for one week. The treating physician prescribed Nucynta tab 75mg #15 now under review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta tab 75mg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-82.

Decision rationale: This patient receives treatment for chronic low back pain with radiculopathy that arose from a work-related injury on 11/12/1997. Nucynta (tapentadol) is a mu-opioid receptor agonist. Nucynta may be medically indicated for the short-term management of acute musculoskeletal pain. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation does not make clear the physical findings that would support a diagnosis of radiculopathy. The documentation does not state what non-opioid treatments have been tried and failed. Nucynta is not medically necessary.