

Case Number:	CM15-0067914		
Date Assigned:	04/15/2015	Date of Injury:	08/17/2012
Decision Date:	05/27/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/09/2015

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: Texas, New York, 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 applicant is a represented 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 17, 2012. In a Utilization Review report dated March 18, 2015, the claims administrator failed to approve a request for Nucynta. An RFA form received on March 10, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a prescription form dated February 10, 2015, Percocet and Duexis were endorsed for ongoing complaints of low back pain while the applicant was apparently returned to work. The attending provider also stated that he wanted Nucynta to be reinstated. The applicant was using a cane to move about, it was acknowledged. The applicant was asked to employ a walker and/or cane to move about. At the bottom of the report, it was stated that the applicant was returned to regular duty work, although it was not explicitly stated whether the applicant was or was not working. On November 21, 2014, the applicant again reported heightened complaints of low back pain radiating to the bilateral lower extremities. The applicant was placed off of work, on total temporary disability, it was stated. Nucynta, a cane, and walker, were again endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg, 60 tablets: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80. Decision based on Non-MTUS Citation ODG Integrated Treatment/ Disability Duration Guidelines Pain (Chronic), Tapentadol (Nucynta).

Decision rationale: No, the request for Nucynta extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the February 10, 2015 progress note did not outline any quantifiable decrements in pain or meaningful, material improvements in function affected as a result of ongoing Nucynta usage. The attending provider's commentary to the effect that the applicant was having difficulty standing and walking and was using a cane and/or walker to move about did not make a compelling case for continuation of opioid therapy with Nucynta. While the attending provider did report that the applicant could return to regular duty work on February 10, 2014, it did not appear that the applicant was actually working. This note was, furthermore, contravened by an earlier report of November 21, 2014 to the effect that the applicant was off of work, on total temporary disability. ODG's Chronic Pain Chapter Tapentadol topic also notes that Nucynta is recommended only as second-line therapy in applicants who develop intolerable adverse effects with first-line opioids. Here, however, the applicant's ongoing usage of Percocet (oxycodone-acetaminophen), a first-line opioid, thus, effectively obviated the need for Nucynta (tapentadol). All of the foregoing, taken together, thus, did not make a compelling case for continuation of opioid therapy with Nucynta. Therefore, the request was not medically necessary.