

Case Number:	CM15-0072991		
Date Assigned:	04/23/2015	Date of Injury:	05/28/1999
Decision Date:	05/20/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/16/2015

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, Florida, 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 injured worker is a 55-year-old female who sustained an industrial injury on May 28, 1999. She has reported neck and left shoulder pain and has been diagnosed with cervicgia, pain in joint, shoulder region, and pain in joint, lower leg. Treatment has included medications. Currently the injured worker was tender to palpation along the spinous processes cervical with increase to pain in the scapular region. The treatment request included Nucynta ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

increase Nucynta ER 250mg everyday #30: Upheld

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

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

Decision rationale: This claimant was injured 16 years ago. There is no mention of objective functional improvement with the medicine. The current California web-based MTUS collection

was reviewed in addressing this request. The guidelines are silent in regards to this request. Therefore, in accordance with state regulation, other evidence-based or mainstream peer-reviewed guidelines will be examined. Regarding Nucynta (Tapentadol), the ODG notes it is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. This medicine is as effective as oxycodone for the management of chronic osteoarthritis knee and low back pain, with superior GI tolerability with fewer treatment discontinuations. However, I did not note documentation of a failure of first line opiates, or the presence of chronic osteoarthritis. In addition, if the initial dosing has not been effective, it is not clear how an increase would add to effectiveness. At present, the request is not medically necessary.