

Case Number:	CM15-0097856		
Date Assigned:	05/28/2015	Date of Injury:	10/21/2005
Decision Date:	06/29/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/20/2015

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, Indiana, New York
 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 60 year old male, who sustained an industrial injury on October 21, 2005. He reported a cumulative back injury. The injured worker was diagnosed as having spinal stenosis of the lumbar region, lumbar degenerative disc disease, chronic pain syndrome, chronic low back pain, facet arthropathy, thoracic or lumbosacral radiculopathy - chronic, major depression, recurrent; major depression, single episode (chronic). Diagnostic studies to date have included x-rays and urine drug screening. Treatment to date has included a failed spinal cord stimulator trial, psychotherapy, and medications including oral short-acting and long acting opioid, topical opioid, anti-epilepsy, and antidepressant. On April 8, 2015, the injured worker complains of persistent, moderate-severe mid back, lower back, and gluteal area pain radiating to the bilateral arms, bilateral thighs, bilateral calves, bilateral ankles, and bilateral feet. The pain is described as an ache, burning, numbness, piercing, and throbbing. Over-the-counter medication and pain medications relieve the pain. His pain is rated: without medications = 10/10, with medications = 7/10, and the average pain in the past month without medications = 7/10. The physical exam revealed an antalgic gait, a flat back posture, and tenderness of the lumbar spinous, paraspinous, piriformis, quadratus, posterior superior iliac spine, and sciatic notch. There was painful motion/stability, painful buttocks, the right straight leg raise radiated right, and the left straight leg raise radiated left. The lumbar range of motion was decreased. The treatment plan includes continuing Nucynta ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nucynta ER 100mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta ER 100 mg #90 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are major depressive disorder; chronic lumbar spinal stenosis; lumbar degenerative disc disease; chronic pain syndrome; low back pain; chronic facet arthropathy; thoracic/lumbosacral radiculopathy; and chronic opiate analgesic therapy. The documentation does not contain intolerable adverse effects with first-line opiates. The injured worker continues to take OxyContin (in addition to Nucynta) and Norco daily. Nucynta is a second line therapy for patients that develop intolerable adverse effects with first-line opiates. There is no clinical indication or rationale for using Nucynta. Consequently, absent clinical documentation with the clinical indication and rationale for Nucynta and progress note documentation containing intolerable adverse effects with first-line opiates, Nucynta ER 100 mg #90 is not medically necessary.