

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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 physician 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/services.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- [REDACTED]
- [REDACTED]
- [REDACTED]
- [REDACTED]

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a represented [REDACTED] employee who has filed a claim for chronic right foot pain, right first toe pain, and low back pain, associated with an industrial injury of April 5, 2011. Thus far, the applicant has been treated with analgesic medications, treatment of an open first toe fracture, a special boot, a cane, wound care, and extensive periods of time off of work, on total temporary disability. In a utilization review report of August 15, 2013, the claims administrator denied request for Nucynta and Neurontin. The claims administrator notes that the patient is using Nucynta sparingly and is not benefiting from Neurontin.

The patient appealed on August 21, 2013. A later utilization review report of October 11, 2013 is notable for comments that prescription for Cymbalta has been certified. In an October 3, 2013 progress note, the applicant is reportedly using Cymbalta, Neurontin, doxycycline, Motrin, and Lidoderm. He is having no side effects. His sleep quality is poor. The patient states that the medications are working well and that he is having no side effects. The patient exhibits a right great toe amputation stump, scarring tenderness, and hypersensitivity about the great toe. The patient is asked to try Neurontin for the same and discontinue Cymbalta owing to dizziness. The patient reportedly does not wish to try an L2 sympathetic block. A later note of September 5, 2013 states that usage of Nucynta made the patient disoriented. Finally, an August 1, 2013 note is notable for the comments that the employee should employ Nucynta as needed for breakthrough pain and consider Dilaudid if that failed.

IMR DECISION(S) AND RATIONALE(S)

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

1. Nucynta 50 mg #30 is not medically necessary and appropriate.

The Claims Administrator did not cite any evidence based criteria for its decision.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, page 79, which is a part of the MTUS, as well as the Official Disability Guidelines (ODG), Chronic Pain Chapter which is not part of the MTUS.

The Physician Reviewer's decision rationale:

As noted in the ODG Chronic Pain chapter, Nucynta or tapentadol is indicated as a second-line therapy for those patients who develop intolerable adverse effects with first line opioids. In this case, there is no specifically stated evidence in the medical records provided for review that the employee has tried and failed first line opioids, such as Tylenol with Codeine, Vicodin, morphine, etc. It is further noted that the employee ultimately developed adverse effects with Cymbalta which were deemed intolerable by the treating provider and employee. Continuing to prescribe tapentadol in this context is inadvisable, as suggested on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. **The request for Nucynta 50 mg #30 is not medically necessary and appropriate.**

/dso

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[REDACTED]

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