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| Case Number: | CM14-0146009 | | |
| Date Assigned: | 09/12/2014 | Date of Injury: | 03/14/2012 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 08/15/2014 |
| Priority: | Standard | Application Received: | 09/08/2014 |

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. The expert 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 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

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

According to the provided documents this is a 57-year-old man injured on 3/14/12. He has undergone cervical spine fusion. The disputed treatment being addressed is a plan for weaning off Nucynta which was addressed in a utilization review determination letter from 8/15/14. That utilization review determination noted that the previous request for Nucynta 100 mg #60 had been modified on 6/24/14 to allow for weaning purposes and to discontinue. This determination was likely based on a 6/10/14 report which stated that the patient was prescribed Nucynta ER 100 mg #60 with a 2nd prescription not to be filled until 7/8/14. He was also given a prescription for Norco 10/325 mg b.i.d. PRN breakthrough pain #120 for 2 months supply. There is an 8/4/14 report from the PTP, which indicated he was last seen on 6/10/14 with complaints of neck pain intermittently radiating to the right arm 10/10 without pain medication 6/10 with them. He has numbness in the toes if he sits for more than half an hour. The report notes that a previous utilization review approved the Nucynta ER and Norco only for weaning. It happened when the provider was on vacation and thus was not able to appeal the denial. The provider opines that this was not founded on sound medical reasoning and notes that the patient had been functioning well with the pain medications and had been compliant. However, the treatment plan was to reduce the Nucynta ER to 50 mg every 12 hours for a trial of weaning the medication. He was given a prescription for #60. He would continue using Norco 10/325 mg twice a day PRN for breakthrough pain. There is a 9/2/14 PTP report from the requesting physician (which was obviously not available for the previous reviewer). It indicates that the patient is being weaned off of the Nucynta and was currently taking 50 mg every 12 hours he had not had a problem with weaning during the past month. At that point the Nucynta was discontinued and he was going to be placed on Norco 10/325 mg every 4 to 6 hours as needed up to 6 per day and the next month he would reduce to maximum of 5 per day, the plan was to continue the slow taper of the

opioids. The 8/15/14 utilization review determination however modify this request and said that only one refill of the center would be allowed for the purposes of weaning to discontinue to reduce the morphine equivalent dose by 10-20% per week over a weaning period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER (50mg, take 1 tablet by mouth twice daily, #60, for weaning): Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 75-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG Pain (chronic), tapentadol

Decision rationale: Nucynta is the brand name for a medication called tapentadol. It comes in a short acting and long-acting form. This specific opiate medication is not discussed in the MTUS guidelines as it was FDA approved after 2009. ODG guidelines recommend use only as a 2nd line therapy for patients who develop intolerable adverse side effects of first-line opiates. In this case, a review in May 2014 recommended tapering and weaning the Nucynta. The provider, although not agreeing with this determination, did, in the 8/4/14 report (on the visit after that determination) state on page 2 that the patient's Nucynta ER was going to be reduced to 50 mg every 12 hours #60 for trial of weaning off the medication. (He had been previously on 100 mg every 12 hours). In addition the provider intended for him to continue with Norco 10/325 b.i.d. as needed. And indeed on the next visit on 9/2/14 it was noted that the patient had tolerated the taper well, the Nucynta was completely discontinued and a plan to further taper the Norco was instituted. The provider had a perfectly reasonable plan to taper the patient off of the Nucynta and there was no reason to modify it. Therefore, the provider's original request for Nucynta 50 mg #60, made in the 8/4/14 report, based upon the evidence and the guidelines was medically necessary.