

Case Number:	CM14-0173241		
Date Assigned:	10/24/2014	Date of Injury:	07/13/1995
Decision Date:	11/25/2014	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/20/2014

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 Family Medicine and is licensed to practice in Florida. 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:

The patient is a 74-year-old male with a date of injury of 7/13/1995. Specifics regarding the actual injuries sustained and the mechanism of injury is not provided in the provided documentation. He was previously diagnosed with Neuropathy. An EMG showed "asymmetry of the sural nerve." A 2008 cervical MRI showed multilevel foraminal and spinal stenosis. Records indicate a history of L5 radiculopathy. Degenerative changes were noted by MRI imaging in 2013 in the lumbar, thoracic, and cervical spine. Prior medications have included various muscle relaxants, benzodiazepines, NSAIDS (Nonsteroidal Anti-inflammatories,) and Lidoderm patches. The only drug screen result provided is dated 9/2013. It showed the patient to be positive for Ethanol use. No drug screen results from 2014 were provided. Documentation indicates that this patient was started on Nucynta in 12/2013 (1 month prior to a Jan 2014 office visit.) The utilization review physician chose not to certify the medication Nucynta, citing ODG rationale that this medication is not a first line choice for chronic pain and does have abuse potential. Likewise, an Independent Medical Review was requested to determine the medical necessity of the requested medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg Quantity: 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-TWC

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 122-124. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nucynta

Decision rationale: The California MTUS guidelines are silent regarding the specific medication Nucynta. Therefore, the ODG was referenced. The ODG states the following: "Not recommended. On November 21, 2008, the FDA approved Tapentadol immediate-release tablets for relief of moderate to severe acute pain. Tapentadol, manufactured by [REDACTED] is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition (Johnson, 2008) Nucynta (Tapentadol) was made a schedule II controlled substance. Such drugs are sought by drug abusers and people with addiction disorders. Diversion of Schedule II products is an act subject to criminal penalty. Nucynta may be abused by crushing, chewing, snorting or injecting this product. These practices pose a significant risk to the abuser that could result in overdose and death." It is noted that this medication is recommended as a second line therapy for patients who develop intolerable side effects with first line opioids. It is noted in the provided documentation that Nucynta was started one month before an office visit dated 01/2014. Prior notes indicated that the patient had been taking Vicodin. No intolerable side effects to first line opioids were documented as a reason for why this patient would have been started on Nucynta. It should also be noted that the last urine drug screen provided was from 9/2013 and was positive for Ethyl Sulfate and Ethyl Gluconide, which was consistent with Ethanol use on the day of his drug test. No further drug screens were provided, specifically none from this year. MTUS guidelines supports frequent routine drug screening in patients taking chronic opiates. Likewise, this request for Nucynta is considered not medically necessary.