MAXIMUS Federal Services

Case Number:	CM14-0142581		
Date Assigned:	09/10/2014	Date of Injury:	09/22/2006
Decision Date:	10/13/2015	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	09/03/2014

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. 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: Massachusetts
Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 44 year old female who sustained an industrial injury on September 22, 2006. Primary treating progress note dated June 02, 2014 reported subjective complaint of low back pain. She describes a popping, grinding sensation in her low back and pain into her buttocks. She feels intermittent weakness and less flexibility of the lower extremities. Pain is rated an 8-9 out of 10 in intensity without use of medications and a 7 in intensity using medications. She states, "Utilizing medications, lying down and injections improve her pain and her function." Furthermore, she "wishes to change back to using Vicodin since the Tramadol is making her extremely nauseous and dizzy." She is currently not working. The impression noted the worker with chronic low back pain; lumbar discogenic pain; lumbar degenerative disc disease; bilateral chronic L5-S1 radiculitis; lumbar myofascial pain syndrome, and chronic pain syndrome. There is noted discussion regarding administration of injections, but she is reluctant to have one. There is noted discussion stating switching back to Vicodin due to Tramadol causing gastric upset. She received the following refills: Colace, Lyrica, Despramine, Motrin, and Omeprazole.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation (1) Pain (Chronic), Tapentadol (Nucynta) (2) ODG Workers Compensation Drug Formulary.

Decision rationale: The claimant sustained a work injury in September 2006 and is being treated for chronic low back pain. Medications have included tramadol with side effects of nausea. When seen, Nucynta and Norco were being prescribed. Although pain was rated at 7-8/10 the claimant reported that medications were helping but she making her sleepy and jittery. Physical examination findings included an antalgic gait with decreased and painful lumbar range of motion. There was decreased lower extremity strength. Immediate release Nucynta was discontinued and Nucynta ER was prescribed with the rationale given as better pain relief and tolerance. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement that does not mean that they are no longer entitled to future medical care. Nucynta (Tapentadol) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids and is not a preferred formulary medication. Nucynta ER is a sustained release opioid used for treating baseline pain. In this case, the claimant has intolerance of tramadol and this was a new prescription for Nucynta ER prescribed when the claimant was having ongoing moderate to severe pain and there had been side effects from immediate release medications. The total MED prescribed was less than 120 mg per day consistent with guideline recommendations and the rationale for the request is clearly stated. Prescribing was medically necessary.