

<b>Case Number:</b>	CM13-0011977		
<b>Date Assigned:</b>	11/27/2013	<b>Date of Injury:</b>	05/18/2010
<b>Decision Date:</b>	05/14/2014	<b>UR Denial Date:</b>	08/12/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/15/2013

### 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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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. 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 applicant is a 39 year old female who sustained injuries due to repetitive work on 05/10/2010. Per the UR notice, the low back, bilateral wrist, soft tissue neck, upper back area and left shoulder have been accepted by the carrier. Mental/Physical, internal organs, body systems and multiple body systems have been denied by the carrier. Work status is listed as modified duty. She has been treated with medications, physical therapy, traction unit and injections. She has been referred to [REDACTED] for weight reduction and proper eating. Examinations reveal tenderness to palpation of the lumbar, cervical and thoracic spine, sacroiliac spine and wrist. Range of motion has been documented as restricted. Her medications include Docusate Sodium 250mg, Lyrica 100 mg, Contin 30 mg, Nucynta 50 mg, Silenor 3 mg, Voltaren 1% gel. Office visits note the medication is working well but with some side effects such as constipation and ongoing side effects of GI distress heartburn. Her physician, [REDACTED] has requested Nucynta 50 mg. Qty 120 which was denied and is the basis for this review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 50MG QTY: 120.00:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Tapentadol

**Decision rationale:** The CA MTUS does not address this particular medication, therefore the ODG was utilized. The ODG states this is recommended as a second line therapy for those that have developed intolerable adverse effects with first line opioids and have a superior gastrointestinal tolerability. Prior UR determinations allowed a one instance approval for this medication. There is no documentation in the medical records provided to show an improvement with the medication or of the individual's side effects since being prescribed this medication. Based on the lack of documentation, the request for second line therapy is non-certified