

<b>Case Number:</b>	CM13-0021310		
<b>Date Assigned:</b>	11/08/2013	<b>Date of Injury:</b>	06/22/2004
<b>Decision Date:</b>	08/12/2014	<b>UR Denial Date:</b>	08/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/08/2013

### 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 Anesthesiology, Pain 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 injured worker is a 67-year-old male with a reported date of injury on 06/22/2004. The mechanism of injury was cumulative repetitive trauma. The injured worker had previous treatments including physical therapy, H-wave, heat and ice applications, range of motion, and a home exercise program. A CT scan of the lumbar was performed on 02/18/2013. There was a review of records examination on 06/12/2013, where the injured worker had complained of constant mid back pain and frequent pain down the backs of both of his legs to the calf. The injured worker also complained of his right thigh going numb. The injured worker had a lumbar fusion from the L4-S1 followed by a removal of the hardware in 08/2012; the injured worker stated that his pain was worsened after the removal of the instrumentation. The injured worker had been taking the Nucynta since 2012 and he reported that his pain level was approximately a 4 to 5, but without the medication that increased to an 8/10 to 9/10. The current list of medications consisted of the Nucynta, and also tizanidine and allopurinol. The physical exam revealed that he had tenderness over the operated area from L3-S1. His range of motion was guarded and significantly decreased due to pain. His straight leg test was negative bilaterally. There was full muscle strength at 5/5 for all of the muscle groups in the bilateral lower extremities. A CT scan was performed in 02/2013. His diagnoses consisted of status post lumbar fusion of L4-5, status post removal of symptomatic hardware L3-S1 with revision fusion at L3-4 and L5-S1, disc degeneration at L1-2 and L2-3 with severe facet arthropathy at L2-3, degenerative lumbar kyphosis, facet arthropathy at L3-4 and L5-S1, lumbar stenosis at L3-4 and L5-S1, chronic cervical pain, right upper extremity paresthesias, bilateral shoulder impingement, status post bilateral carpal tunnel releases, and status post central hernia repair. On 10/17/2013 the injured worker also had an examination with continued complaints of pain on a scale of 5/10. There was no change of condition or assessment mentioned. It was reported that, in the past, the

injured worker tried a variety of different pain medications and reported that Nucynta is the only pain medication that was effective to control his pain that did not make him feel sick. The plan of treatment was not mentioned on this review of exams. The Request for Authorization was signed and dated on 08/12/2013 for the lumbar medial branch block/facet blocks, the rationale was not provided. The Request for Authorization and the rationale was not provided for the Nucynta.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Bilateral medial branch blocks/facet block injections from L1-L3: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Injections, Facet joint diagnostic blocks.

**Decision rationale:** The request for bilateral medial branch blocks/facet block injections from L1-L3 is not medically necessary. The injured worker complained of constant mid back pain and frequent pain down the backs of both of his legs to the calf. The CA MTUS/ACOEM guidelines state that invasive techniques such as joint injections are of questionable merit and that there is no long term functional benefit. The Official Disability Guidelines recommend medial branch blocks as a diagnostic tool prior to a neurotomy. The guidelines recommend that no more than 1 set should be done prior to a facet neurotomy. The guidelines suggest there should be tenderness to the palpation in the paravertebral areas, a normal sensory exam, absence of radicular findings and a normal straight leg raising exam. There is no mention of a possible facet neurotomy. The examination shows tenderness to palpation over the previously operated segments from L3-S1. The level of tenderness was not provided. The straight leg test was normal bilaterally. There is a lack of documentation indicating the injured worker had normal sensation upon physical exam. There is a lack of documentation indicating significant findings of facetogenic pain upon physical examination at the requested levels. Therefore, the request for the bilateral medial branch blocks/facet block injections from L1-L3 is not medically necessary.

#### **Nucynta ER 250mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80..

**Decision rationale:** The request for Nucynta ER 250mg #60 is non-certified. The California MTUS Guidelines recommend that, for ongoing treatment of an opioid, there should be ongoing documentation and monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. It has

been documented that the injured worker has attempted to try other methods of medication and has found that the Nucynta is the only medication that works for the injured worker without making him sick. There is no evidence of pain relief with the medication or significant functional benefit. There is no mention of an assessment of side effects. There was a urinalysis performed to check for the opioids in 2012 and it showed the injured worker was negative for opioids, which was inconsistent with the injured worker's medication regimen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Nucynta ER 250mg #60 is not medically necessary.

**Nucynta 100mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 75-80.

**Decision rationale:** The request for Nucynta 100mg #60 is non-certified. The California MTUS Guidelines recommend that, for ongoing treatment of an opioid, there should be ongoing documentation and monitoring of pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or non-adherent drug related behaviors. It has been documented that the injured worker has attempted to try other methods of medication and has found that the Nucynta is the only medication that works for the injured worker without making him sick. There is no evidence of pain relief with the medication or significant functional benefit. There is no mention of an assessment of side effects. There was a urinalysis performed to check for the opioids in 2012 and it showed the injured worker was negative for opioids, which was inconsistent with the injured worker's medication regimen. Additionally, the request does not indicate the frequency at which the medication is prescribed in order to determine the necessity of the medication. Therefore, the request for Nucynta 100mg #60 is not medically necessary.