

<b>Case Number:</b>	CM13-0034001		
<b>Date Assigned:</b>	12/06/2013	<b>Date of Injury:</b>	07/22/2009
<b>Decision Date:</b>	02/05/2014	<b>UR Denial Date:</b>	09/30/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/11/2013

### 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 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 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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 22, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of chiropractic manipulative therapy; adjuvant medications; prior lumbar discectomy and decompression surgery at L5-S1 on April 2010; trigger point injections; and extensive periods of time off of work, on total temporary disability. In a utilization review report of September 30, 2013, the claims administrator approved a trial of increase of gabapentin, approved oxycodone, and denied Nucynta. Non-MTUS ODG Guidelines were cited. A later progress note of November 12, 2013 is notable for comments that the applicant reports persistent 8 to 9/10 low back pain despite usage of Neurontin and oxycodone. Zanaflex is apparently introduced while the applicant remains off of work, on total temporary disability. An earlier note of October 8, 2013 was notable for comments that the applicant is using Lasix, Neurontin, Ambien, Nucynta, and oxycodone. An 8-9/10 low back pain was nevertheless reported on that day.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg, every 6 hours:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Integrated Treatment/ Disability Duration Guidelines Pain (Chronic)

**Decision rationale:** The MTUS does not address the topic of Nucynta usage. As noted in the ODG Chronic Pain chapter tapentadol topic, Nucynta or tapentadol is recommended as second line therapy for those applicants who develop intolerable adverse effects with first line opioids. In this case, however, the applicant was described as using what could be deemed a first-line opioid, oxycodone, without any reported intolerable adverse effects. The applicant was earlier using another opioid, Norco. No clear rationale or discussion of intolerance to first-line opioids was set forth by the attending provider. Therefore, the request for Nucynta remains non-certified, on independent medical review