

<b>Case Number:</b>	CM13-0037510		
<b>Date Assigned:</b>	12/13/2013	<b>Date of Injury:</b>	11/19/1996
<b>Decision Date:</b>	05/21/2014	<b>UR Denial Date:</b>	09/13/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/23/2013

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 45-year-old female who report an injury on 11/19/1996. The mechanism of injury was not provided. Current diagnoses include cervical musculoligamentous strain, cervical disc disease, cervical radiculopathy, lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. The injured worker was evaluated on 08/07/2013. The injured worker reported persistent neck and lower back pain, rated 7/10. Physical examination revealed an antalgic gait, decreased normal lordosis, moderate tenderness and spasm over the cervical paraspinal muscles, positive axial head compression testing, positive Spurling's maneuver, decreased sensation at the C6 and C7 dermatomes on the left, and 4/5 strength in the left upper extremity. Treatment recommendations included a prescription for Nucynta extended release 100 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 100mg, 1 tab per 12 hours:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, TAPENTADOL (NUCYNTA<sup>®</sup> 1/2).

**Decision rationale:** The Official Disability Guidelines state Nucynta is recommended as a second line option for patients who develop intolerable adverse effects with first line opioids. As per the documentation submitted, the injured worker reported improvement in pain symptoms with the current medication regimen. Therefore, the injured worker does not meet criteria for the requested medication, as there is no evidence of intolerable adverse effects with first line opioids. Therefore, the request is not medically necessary and appropriate.