

<b>Case Number:</b>	CM13-0047332		
<b>Date Assigned:</b>	02/20/2014	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	10/30/2014	<b>UR Denial Date:</b>	10/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/01/2013

### 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 and Rehabilitation 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 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:

This 54 year-old patient sustained an injury on 10/18/2000 while employed by [REDACTED]. Request(s) under consideration include Nucynta 75mg #120 and Toxicology Screen. Diagnoses include Lumbar disc pain. Conservative care has included medications, therapy, and modified activities/rest. Report of 10/1/13 from the provider noted the patient with continued chronic low back pain; functionally controlled under current medications rated at 5-10/10. Exam showed no change and patient was scheduled for lumbar RFA. There is UDS dated 3/5/14 with positive findings for Methadone. Report of 3/26/14 from the provider noted the patient with back pain controlled with oral medications rated at 6-9/10. Medications list Nucynta, Topamax, and Naprosyn. Exam showed antalgic gait; spasm at bilateral lumbar with normal strength in lower extremities. Diagnoses included lumbar facet arthropathy/ discogenic pain. Treatment included medication refills and UDS. The request(s) for Nucynta 75mg #120 and Toxicology Screen were non-certified on 10/9/13 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #120:** 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), Treatment in Workers Compensation, 7th Edition, 2009, Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Nucynta (tapentadol) Tablets has the chemical name 3-[(1R,2R)-3-(dimethylamino)-1-ethyl-2-methylpropyl]phenol monohydrochloride. Tapentadol is a mu-opioid agonist and is a Schedule II controlled substance. Nucynta (tapentadol) is indicated for the relief of moderate to severe acute pain. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain. Report has no discussion or change in pharmacological regimen despite positive results for Methadone; however, not listed as prescribed medication. The Nucynta 75mg #120 is not medically necessary and appropriate.

**Toxicology Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing Page(s): 43.

**Decision rationale:** The urine drug screen is recommended by guidelines to monitor for patient's safety while using ongoing controlled substance twice yearly for misuse of controlled substance or illicit drug use in patients with chronic non-malignant pain. As opioids are not medically necessary and appropriate for this chronic injury of 2000 without functional benefit from previous treatment use along with no reference to safety precautions taken for the inconsistent recent UDS of 3/5/14, the current UDS request does not meet criteria for repeating the diagnostic study as chronic opiate use is not recommended. Guidelines do not recommend long-term use of opiates without functional improvement, especially in light of inconsistent UDS. The Toxicology Screen is not medically necessary and appropriate.