

<b>Case Number:</b>	CM13-0049061		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	10/30/2003
<b>Decision Date:</b>	02/28/2014	<b>UR Denial Date:</b>	10/31/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/07/2013

### 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 and is licensed to practice in Oklahoma and 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 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 patient is a 43-year-old female who reported an injury on 10/30/2003. The mechanism of injury information was not provided in the medical record. Review of the medical record revealed the patient's diagnosis was lumbago with left leg L5-S1 sciatica (724.3). The most recent clinical note dated 11/19/2013 revealed the patient complained of headaches and nausea with dizziness, vomiting, low back pain, left leg pain, neck pain, bilateral knee pain, and bilateral shoulder pain. MRI of the head dated 04/20/2012 revealed normal findings. Objective findings upon examination of the lumbar spine include normal lumbar lordosis; no pain was caused with back flexion or extension. Normal rotation and normal lateral bending was noted to the lumbar spine. The patient was able to toe and heel walk. Motor strength of the lower extremities was 5/5 bilaterally with normal tibialis anterior L4; normal great hallux extension L5; normal peroneus S1. Reflexes were 2+/2+ L4-S1 bilaterally. Straight leg raise caused leg discomfort on the left. There was noted paraspinous muscle spasms and tenderness. Babinski's reflexes were down going and there was noted muscle spasm and guarding.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**Decision rationale:** Although California MTUS do not address the specific requested medication, Nucynta, it does state that use of opioids requires ongoing review and documentation of pain relief, functional status, and appropriate medication use. There must be pain assessments to document the patient's current pain level, the least reported pain over a period, average pain, intensity of pain, and how long it takes for pain relief. Per Official Disability Guidelines, Nucynta is recommended as a second-line therapy for patients who develop intolerable adverse effects with first-line opioids. However, there is no objective clinical documentation provided in the medical record of the patient's medication regimen with documentation of any adverse effects to those medications, any increase in functional capabilities, or decrease in the patient's pain. As there is no documentation provided of possible intolerable adverse effects with the use of first-line opiates provided in the medical record, the medical necessity for the requested medicine, Nucynta, cannot be determined at this time, and the request for Nucynta 50 mg #60 is non-certified.