

<b>Case Number:</b>	CM13-0051328		
<b>Date Assigned:</b>	12/27/2013	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	03/28/2014	<b>UR Denial Date:</b>	11/01/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/14/2013

### 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 Anesthesiology, has a subspecialty Certificate in Pain Management and is licensed to practice in Georgia. 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:

Claimant is a 45-year-old female presenting with chronic pain following a work-related injury on April 27, 2010. The claimant reports low back pain, right leg and right arm pain. The claimant has tried physical therapy, TENS trial, lumbar facet injections, that support, acupuncture, psychotherapy and medication. Claimant's medications include Dilaudid 2 mg, and Nucynta. The medical records noted that the claimant's urine drug screen was negative for Dilaudid and Nucynta on August 2, 2013, April 11, 2013 and October 29, 2012. The physical exam on November 14, 2013 was significant for claimant wearing a brace over the right knee. The claimant was diagnosed with disorder of the sacrum, lumbar degeneration, depressive disorder, lumbar radiculitis, pain in the joint of the lower extremity, lumbar spondylosis, lumbalgia and pain in the joint of the shoulder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid (hydromorphone) 2mg tablet: Take 1 by mouth at bedtime as needed for pain:**  
Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79.

**Decision rationale:** Dilaudid 2 mg tablet - 1 at bedtime as needed is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Additionally on several occasions, the urine drug screen was negative for this medication; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant off opioids with a short course of short acting opiates.

**Nucynta (Tapentadol) 100mg tablet: Take 1 by mouth every 12 hours: Upheld**

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

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

**Decision rationale:** Nucynta 100mg - 1 by mouth every 12 hours is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c) decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Additionally on several occasions, the urine drug screen was negative for this medication; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant off opioids with a short course of short acting opiates.

**Nucynta (Tapentadol) 75mg tablet - ½ to 1 tablet by mouth at bedtime as needed for pain: Upheld**

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

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

**Decision rationale:** Nucynta (Tapentadol) 75 mg - ½ to 1 by mouth at bedtime as needed for pain is not medically necessary. Per MTUS Page 79 of MTUS guidelines states that weaning of opioids are recommended if (a) there are no overall improvement in function, unless there are extenuating circumstances (b) continuing pain with evidence of intolerable adverse effects (c)

decrease in functioning (d) resolution of pain (e) if serious non-adherence is occurring (f) the patient requests discontinuing. The claimant's medical records did not document that there was an overall improvement in function or a return to work with previous opioid therapy. In fact, the medical records note that the claimant was permanent and stationary. The claimant has long-term use with this medication and there was a lack of improved function with this opioid. Additionally on several occasions, the urine drug screen was negative for this medication; therefore the requested medication is not medically necessary. It is more appropriate to wean the claimant off opioids with a short course of short acting opiates.