

<b>Case Number:</b>	CM13-0054550		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	11/21/2009
<b>Decision Date:</b>	03/26/2014	<b>UR Denial Date:</b>	10/11/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/19/2013

### 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 Family Practice, 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 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 40 year old female who reported an injury on 11/21/2009 secondary to a fall. The patient was currently diagnosed with chronic pain syndrome, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, pain in thoracic spine and sprain/strain of the calcaneofibular ligament in the left ankle. The patient was seen on 11/05/2013. The patient reported no change in current sleep pattern or function. The patient reported 7-8/10 pain. Physical examination revealed anxiety, depression and irritability. Treatment recommendations included the continuation of current medications, including Nucynta, Avinza, Cymbalta and amitriptyline.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Avinza 90mg daily as directed:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-82.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Baseline pain

and functional assessment should be made. Ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects should occur. The patient has continuously utilized this medication. Despite ongoing use, the patient continuously reports high levels of pain. There is no change in the patient's physical examination that would indicate functional improvement. Based on the clinical information received, the request is not medically necessary and appropriate.

**Refill Nucynta 100mg:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Chapter section on Tapentadol

**Decision rationale:** The Official Disability Guidelines state that Nucynta is recommended as a second-line therapy for patients who develop intolerable adverse effects with first-line opioids. There is no evidence of intolerable effects with first-line opioids. Therefore, the patient does not meet the criteria for the requested medication. Additionally, the patient continuously utilizes this medication. Despite ongoing use, there is no evidence of a satisfactory response to treatment. Based on the clinical information received, the request is not medically necessary and appropriate.

**Refill Amitriptyline HCL 25mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 13-14. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants Page(s): 13-16.

**Decision rationale:** The MTUS Chronic Pain Guidelines state that antidepressants are recommended as a first-line option for neuropathic pain and as a possibility for non-neuropathic pain. Amitriptyline is indicated for neuropathic pain. There was no documentation of a physical examination on the requesting date of 11/05/2013. Therefore, there is no evidence of neuropathic pain. The patient has continuously utilized this medication. Despite ongoing use, the patient continues to report persistent pain without any change in sleep quality or function. Based on the clinical information received, the request is not medically necessary and appropriate.