

<b>Case Number:</b>	CM13-0055167		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	12/17/2001
<b>Decision Date:</b>	05/05/2014	<b>UR Denial Date:</b>	11/07/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/20/2013

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 40-year-old female who was injured on December 17, 2001. The patient continued to experience pain in her lower back, bilateral lower extremities, neck and bilateral upper extremities. Physical examination was notable for tenderness and limited range of motion to the cervical spine, cervical spine tenderness, negative straight leg raise, tenderness on the lower lumbar facet joints, and severe tenderness over the left sacroiliac joint. There was diffuse weakness to both lower extremities due to pain, and decreased pinprick sensation to both upper extremities and left lower extremity. Diagnoses included sacroiliac dysfunction, lumbar radiculopathy, facet arthropathy, failed back surgery syndrome, occipital neuralgia, and myofascial pain syndrome. Treatment included medications, and home exercise program. Requests for authorization for Zofran 4 mg #30 and Nucynta ER 100 mg # 60 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**30 Zofran 4mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Antiemetics

**Decision rationale:** Zofran is the antiemetic ondansetron, a serotonin 5-HT3 receptor antagonist. Antiemetics are not recommended for nausea and vomiting secondary to chronic opioid use. Nausea and vomiting is common with use of opioids. These side effects tend to diminish over days to weeks of continued exposure. Therefore, the requested Zofran is not medically necessary or appropriate.

**60 Nucynta ER 100mg:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta)

**Decision rationale:** Nucynta is tapentadol, a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta was made a Schedule II controlled substance. Nucynta is recommended as a second line therapy when patients develop intolerable adverse effects to first line opioids. In this case, there is no documentation that the patient has suffered adverse effect to first line opioids. The patient is taking Percocet in addition to the Nucynta. Therefore, the requested Nucynta is not medically necessary or appropriate at this time.