

<b>Case Number:</b>	CM13-0069994		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	07/10/2010
<b>Decision Date:</b>	04/22/2014	<b>UR Denial Date:</b>	12/05/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2013

### 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 Family Practice, has a subspecialty in Pain Medicine 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:

58 yr. old male claimant sustained a work injury on 7/10/10 resulting in right knee and groin pain. On 4/9/10 the claimant had a left inguinal hernia repair . On 11/15/12, the claimant had pulsed radiofrequency ablation of the left ilioinguinal nerve. Since May 2013, his pain has been managed with Nucynta. An exam report on 12/17/13 indicated surgical scarring of the left inguinal area and tenderness on palpation. An appeal was made for continuing Nucynta and repeat radiofrequency nerve ablation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA ER 100MG, QTY 60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

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

**Decision rationale:** The MTUS and ACOEM guidelines are silent on the use of Nucynta. According to the ODG guidelines: Nucynta (tapentadol) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to

oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afilalo, 2010) (Buynak, 2010) (Lange, 2010) On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. Tapentadol, manufactured by Johnson & Johnson Pharmaceutical, is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. (Johnson, 2008) Nucynta® (tapentadol) was made a Schedule II controlled substance. Such drugs are sought by drug abusers and people with addiction disorders. Diversion of Schedule II products is an act subject to criminal penalty. Nucynta® may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death. (FDA, 2009) Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In this case, there is no documented failure of 1st line treatment such as hydrocodone or oxycodone. The claimant has also been on Nucynta for several months with no significant decline in pain. The use of Nucynta is not medically necessary.

**PULSED RADIOFREQUENCY ABLATION, LEFT ILLIOINGUINAL, UNDER FLUOROSCOPE:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pulsed radiofrequency Ablation Page(s): 102. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) radiofrequency ablation.

**Decision rationale:** According to the MTUS guidelines: Pulsed radiofrequency treatment (PRF) not recommended. Pulsed radiofrequency treatment (PRF) has been investigated as a potentially less harmful alternative to radiofrequency (RF) thermal neurolytic destruction (thermocoagulation) in the management of certain chronic pain syndromes such as facet joint pain and trigeminal neuralgia. Pulsed radiofrequency treatment is considered investigational/not medically necessary for the treatment of chronic pain syndromes. A decrease in pain was observed in patients with herniated disc and spinal stenosis, but not in those with failed back surgery syndrome. However, this option does not appear to be an ideal modality of treatment for lumbar radicular pain because neurodestructive methods for the treatment of neuropathic pain are in principle generally considered inappropriate. The use of PRF is not indicated for inguinal pain and not medically necessary.