

<b>Case Number:</b>	CM13-0070518		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	06/14/2006
<b>Decision Date:</b>	06/13/2014	<b>UR Denial Date:</b>	12/07/2013
<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 Anesthesiology, 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:

The patient is a 47 year old male with a date of injury 6/14/06 with related persistent low back pain that radiates to the left thigh, left hip, left calf and left foot. Per 11/26/13 progress report, he described the pain as an ache, burning, discomforting, numbness, piercing, sharp, shooting, and stabbing. MRI of lumbar spine dated 1/9/13 revealed anterior-posterior fusion at L5-S1 (5/2/11) without stenosis or neural foraminal narrowing at this level, degenerative changes at L4-L5 preferentially involving the facet joints without stenosis or neural foraminal narrowing, minor facet arthropathy at L3-L4. He has been treated with physical therapy, trigger point injections, epidural steroid injections, and medication management.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 50MG ONE TAB EVERY 12 HOURS #60 WITH A REFILL:** Overturned

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

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines regarding on-going management of opioids, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS is silent on the use of Nucynta specifically. With regard to tapentadol (Nucynta), the ODG states that it 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. Review of the available medical records reveals documentation supporting the on-going use of opioids. Per 11/26/13 progress report, the injured worker's pain level was at 10/10 without medications, reduced to 6/10 with medications. It is noted that with medications the patient is able to work/volunteer for a few hours daily. He can be active at least 5 hours a day and can make plans to do simple activities on the weekends. Without medications, he is able to get dressed in the morning, perform minimal activities at home, and contact friends via phone or email. Per 9/4/13 progress report, the injured worker was up to date on UDS and signed an opiate-agreement contract. Despite the injured worker's pain score worsening, this treatment still allows him to remain functional. The request is medically necessary.