

<b>Case Number:</b>	CM14-0002597		
<b>Date Assigned:</b>	01/24/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	06/27/2014	<b>UR Denial Date:</b>	12/26/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/07/2014

### 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 Internal Medicine, has a subspecialty in Pulmonary Disease and Critical Care 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 injured worker is a 51-year-old who reported an injury on July 20, 2010. The mechanism of injury was not provided for review. The injured worker's treatment history included physical therapy, medications, and cognitive behavioral therapy. The injured worker's most recent medication schedule included tizanidine, Nucynta 50 mg, and naproxen. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker was evaluated on December 10, 2013. Physical findings included bilateral tenderness to the lumbar facets from the L2 to the L5, positive lumbar discogenic provocative maneuvers bilaterally. The injured worker had a positive Patrick's test, Gaenslen's test, and right-sided sacroiliac joint provocative maneuver. The injured worker's diagnoses included sacroiliac joint pain, facet joint pain of the lumbar spine, lumbar facet joint arthropathy, degenerative disc of the lumbar spine, and lumbar spine sprain/strain. A request was made for a sacroiliac rhizotomy, a refill of Nucynta, and a urine drug screen. The injured worker was evaluated on January 28, 2014. An appeal was made for the injured worker's prescription of Nucynta. It was documented that the injured worker was provided 50% pain relief from the injured worker's pain medications which allowed for maintenance of activities of daily living and provision of self care. It was documented that the injured worker had an up to date pain contract and was monitored for aberrant behavior with urine drug screens. It was noted that the injured worker had failed to respond to hydrocodone, Oxycodone, and morphine. An additional request was made for Nucynta 50 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 50MG, #60:** 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 OPIOIDS, ON-GOING MANAGEMENT Page(s): 78.

**Decision rationale:** The California Medical Treatment Utilization Schedule recommends continued use of opioids be supported by ongoing documentation of functional benefit, a quantitative assessment of pain relief, evidence that the injured worker is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does indicate that the injured worker receives 50% pain relief with documented functional benefit and is monitored for aberrant behavior without significant side effects. However, the request as it is submitted does not clearly define a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. The request for Nucynta 50mg, sixty count, is not medically necessary or appropriate.