

<b>Case Number:</b>	CM14-0005466		
<b>Date Assigned:</b>	04/30/2014	<b>Date of Injury:</b>	04/25/2003
<b>Decision Date:</b>	08/05/2014	<b>UR Denial Date:</b>	12/06/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/13/2014

### 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 Anesthesiology has a subspecialty in Pain Management 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:

This is a 50-year-old female patient with a 4/25/03 date of injury. 1/27/14 progress report indicated that the patient had constant pain in the lower back radiating to the left leg. Objective findings demonstrate restricted range of motion in the lumbar spine. The patient was unable to walk on heels or toes. Straight leg raising test is positive on left side in sitting at 60 degrees. Her gait was analgesic and wide-based. She was diagnosed with muscle spasm, sacroiliac pain and low back pain, spinal/lumbar DDD. There was noted that the patient had trigger point injection on 7/22/13 with 0.25% Marcain. The patient was taking Nucynta chronically since at least 6/27/2013. Progress reports reviewed from 6/27/2013 to 1/27/2014 did not showed significant deference on patient's pain relief or improvement of functional gain. Treatment to date: Nucynta 75 mg 1 tab every 4-6h, Nucynta ER 100 mg 1 tab x2, Tramadol 50 mg 1 tab x3 as needed, Norco 10/325 1 tab every 4-6h, Soma 350 mg, Neurontin, Ambien, Lidoderm 5% patch. There is documentation of a previous 12/6/13 adverse determination, for unspecified reason.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 75MG, #180:** 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, Ongoing Management Page(s): 78-81.

**Decision rationale:** CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient presented with persistent pain in the lower back which radiated to the left knee. She received trigger point injection with no result in pain management. She was taking Nucynta 75 mg since 6/27/13. However, there was no documentation to support functional gains, or decreased pain level with Nucynta use. There was no documented attempt or consideration to initiate weaning for Nucynta. In addition, the patient was also taking Norco, Tramadol and Nucynta ER as indicated in the progress report dated 1/27/14. There was no reason to give several opioid analgesics at the same time. Therefore, the request for NUCYNTA 75MG, #180 was not medically necessary.