

<b>Case Number:</b>	CM14-0101940		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	08/09/2000
<b>Decision Date:</b>	09/25/2014	<b>UR Denial Date:</b>	06/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 65 year-old female was reportedly injured on 8/9/2000. The mechanism of injury is not listed. The most recent progress note dated 5/6/2014, indicates that there are ongoing complaints of low back pain. Physical examination demonstrated tenderness at lumbar spine and facet joints; decreased lumbar spine flexion, extension and lateral bending. No recent diagnostic imaging studies available for review. Diagnosis: lumbago, low back pain. Previous treatment includes Oxycodone, soma and Lidoderm patch. A request had been made for Nucynta 50 mg (quantity not specified), which was not certified in the utilization review on 6/27/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50 mg (Quantity Not Specified): Upheld**

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Pain (Chronic) -Tapentadol (Nucynta). (Updated 9/10/14).

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS)/American College of Occupational and Environmental Medicine (ACOEM) practice guidelines do not address this request. Official Disability Guidelines (ODG) supports Nucynta as 2nd line therapy for patients with moderate to severe pain who have developed intolerable adverse effects with first-line opiates. Review of the available medical records, fails to document any intolerable adverse reactions or effects to Oxycodone. Given the lack of documentation, Nucynta does not meet guideline criteria and therefore is not considered medically necessary.