

<b>Case Number:</b>	CM14-0104562		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	12/04/2006
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/07/2014

### 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 Neurology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 2/3/14 progress note indicates low back pain and left ankle pain. Methadone at 10 mg three times a day produces good pain control but the insured reports hives if takes 15 mg three times a day. Talwin produced intolerable side effects and was stopped. Examination notes full ROM and pain free in the cervical spine. ROM is reduced in the lumbar region. The treating physician notes there is moderate severe impairment of function related to pain. The 11/11/13 note indicates pain in the low back and left ankle. Talwin was being used and was helping pain. There was antalgic gait with normal ROM in the lumbar spine. Talwin was to be continued.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF NUCYNTA 100MG #180 WITH 3 REFILLS:** Upheld

**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): 75-79.

**Decision rationale:** The medical records provided for review report Methadone was producing good analgesia and was being continued. There is no indication of change from Methadone to a new opioid and addition of new opioid (Nucynta) is not supported since pain was reported

controlled on Methadone. ODG guidelines report "There is no evidence to recommend one opioid over another." Therefore, this request is not medically necessary.

**UNKNOWN PADS FOR TENS UNIT:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines TENS  
Page(s): 116-117.

**Decision rationale:** The medical records provided for review regarding recent treatment in 2014 does not support ongoing use of TENS unit or demonstrate objective functional gain from the use of a TENS unit in support of ongoing use and as such TENS pads. Therefore, this request is not medically necessary.