

<b>Case Number:</b>	CM14-0105517		
<b>Date Assigned:</b>	07/30/2014	<b>Date of Injury:</b>	02/12/2008
<b>Decision Date:</b>	09/03/2014	<b>UR Denial Date:</b>	07/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/08/2014

### 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 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:

The injured worker is a 56-year-old male who reportedly sustained a work related injury on 02/12/2008. The mechanism of injury is unknown. He is status post laminectomy and fusion with disc implant. The injured worker complains of pain all the time. He is also noted to have anxiety and depression and feels hopelessness at times. He denies any suicidal ideations. He has had conservative treatment with physical therapy and cervical epidural steroid injections as well. He is on Cymbalta, Trazodone, and Valium. He has been under psychiatric care. He has been compliant with his medications and denies any side effects from medications. The diagnosis is major depressive disorder, recurrent secondary to general medical condition. The previous determination of the request for Nucynta was non-certified due to lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100 mg #150:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, state medical boards guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 75.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, short-acting opioids are an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The Guidelines indicate "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 non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors)." The guidelines state opioids may be continued: (a) if the patient has returned to work and (b) if the patient has improved functioning and pain. In this case, the clinical information is very limited. There is no documentation of a detailed musculoskeletal / spine assessment. The available medical records indicate that the injured worker has high level of depression and/or anxiety. The medical records have not demonstrated that the requirements for continued opioid therapy have been met. There is no documentation of any significant improvement in pain or function with continuous use. Therefore, the medical necessity of Nucynta has not been established.