

<b>Case Number:</b>	CM14-0107853		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	06/23/2006
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/11/2014

### 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 Emergency Medicine and is licensed to practice in New York. 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 patient is a 42-year-old female who was injured on June 23, 2006 and has complaints of back pain. The physical examination was notable for decreased sensation on the dorsum of the left foot and toes. The diagnoses included chronic regional pain syndrome and myofascial pain. Treatment included is medications, home exercise program, and steroid injections. Requests for authorization for Restoril 30 mg #30 and Nucynta ER 250 mg # 60 were submitted for consideration.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Restoril 30mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Insomnia Treatment Restoril.

**Decision rationale:** Restoril is the medication Temazepam which is a Food and Drug Administration (FDA)-approved benzodiazepine for sleep maintenance insomnia. This medication is only recommended for short-term use due to risk of tolerance, dependence, and

adverse events (i.e. daytime drowsiness, anterograde amnesia, next-day sedation, impaired cognition, impaired psychomotor function, and rebound insomnia). Benzodiazepines have been associated with sleep-related activities such as sleep driving, cooking and eating food, and making phone calls (all while asleep). Particular concern is noted for patients at risk for abuse or addiction. Withdrawal occurs with abrupt discontinuation or large decreases in dose. In this case the patient had been taking the medication since at least September 2013. The duration of treatment surpasses the recommended short-term duration. The request is not medically necessary.

**Nucynta ER 250mg #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) < Pain, Tapentadol (Nucynta).

**Decision rationale:** The MTUS guideline does not comment on Nucynta. Nucynta is tapentadol, a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta was made a Schedule II controlled substance. Such drugs are sought by drug abusers and people with addiction disorders. Nucynta may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid. However, shows a significant improvement in gastrointestinal tolerability compared with oxycodone. For example, if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. Nucynta is recommended as a second line therapy when patients develop intolerable adverse effects to first line opioids. In this case there is no documentation that the patient has had intolerable adverse effects to first-line opioids. The request is not medically necessary.