

<b>Case Number:</b>	CM14-0108256		
<b>Date Assigned:</b>	08/01/2014	<b>Date of Injury:</b>	08/04/2000
<b>Decision Date:</b>	10/01/2014	<b>UR Denial Date:</b>	06/18/2014
<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 Texas. 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 48 year old female with a reported date of injury of 08/04/2000. The mechanism of injury was a fall. The diagnoses included lumbar facet pain, lumbar radiculopathy, and left shoulder pain. The past treatments included pain medication. There were no diagnostics submitted for review. There was no surgical history noted in the records. On 06/11/2014, the subjective complaints included persistent low back pain rated at 7/10. The physical examination noted spasms in the lumbar paraspinal muscles and stiffness in the lumbar spine. The medications included Nucynta, Methadone, Nortriptyline, and Omeprazole. The clinical notes indicate that she has been on Nucynta since at least 05/06/2014. The plan was to continue the medications. The rationale was to relieve pain. The request for authorization form was not provided in the records.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines/ pain chapter, Tapentadol, opioids

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Page(s): 78.

**Decision rationale:** The request for Nucynta 50mg #120 is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker has chronic low back pain and the notes indicate that the injured worker has been on Nucynta since at least 05/06/2014. There was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, or aberrant behavior. Furthermore, there was no drug screen submitted to assess for aberrant behavior. Additionally the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning, and aberrant behavior the request is not supported. Additionally, the request, as submitted, did not specify a frequency of use. As such, the request is not medically necessary.