

<b>Case Number:</b>	CM14-0013906		
<b>Date Assigned:</b>	02/26/2014	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	07/24/2014	<b>UR Denial Date:</b>	01/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/03/2014

### 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 Occupational Medicine 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 patient is a 65-year-old female who has submitted a claim for complex regional pain syndrome, status post left ankle arthrodesis, and depression associated with an industrial injury date of February 17, 2010. Medical records from 2010-2014 were reviewed. The patient complained of bilateral leg pain and weakness, grade 10/10 in severity. She has difficulty walking more than 5 minutes, which aggravates her pain. Physical examination showed tenderness throughout the lower extremities. Range of motion was normal. There was hyperesthesia throughout the lower extremities. Left ankle and left knee motor strength was 4/5. Imaging studies were not available. Treatment to date has included medications, physical therapy, chiropractic therapy, psychotherapy, activity modification, bilateral carpal tunnel syndrome surgery, lumbar sympathetic block injection, and left ankle arthrodesis. Utilization review, dated January 22, 2014, modified the request for 1 prescription of Nucynta 75mg #120 with one refill to 1 prescription of Nucynta 75mg #120 to initiate weaning and because it was not recommended for long-term use, there was no documentation of relief from the medication, and patient carries a high risk of becoming dependent. Another utilization review, dated February 19, 2014, also modified the request for 1 prescription of Nucynta 75mg #120 with one refill to 1 prescription of Nucynta 75mg #100 because of the same rationale as above.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA 75 MG #120 WITH ONE REFILL:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

**Decision rationale:** As stated on page 78 of California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. Furthermore, Official Disability Guidelines (ODG) Pain Chapter states that tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids such as, constipation, nausea, or vomiting. In this case, patient has been prescribed Nucynta since February 2013. However, there was no documentation regarding intolerable side effects with first line opioids. Furthermore, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. Therefore, the request for Nucynta 75 mg #120 with one refill is not medically necessary.