

<b>Case Number:</b>	CM14-0018235		
<b>Date Assigned:</b>	04/21/2014	<b>Date of Injury:</b>	12/19/2008
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	01/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 Internal Medicine, has a subspecialty in Emergency 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:

This patient is a 53 year-old with a date of injury of 12/19/08. A progress report associated with the request for services, dated 01/07/14, identified subjective complaints of low back pain radiating into both lower extremities. Pain is described as 8/10 without medication and 7/10 with medication. Objective findings included tenderness to palpation of the lumbar spine with decreased range-of-motion. Motor and sensory function was normal. Diagnoses included lumbar radiculopathy post lumbar fusion and opioid-induced constipation. Treatment has included lumbar fusion as well as antidepressant, oral and topical analgesics. A Utilization Review determination was rendered on 01/27/14 recommending non-certification of "prescription of Nucynta 75mg #120".

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 PRESCRIPTION OF NUCYNTA 75MG #120: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints, Chronic Pain Treatment Guidelines TRAMADOL; OPIOIDS Page(s): 74-96.

**Decision rationale:** Nucynta (tapentadol) is a centrally acting opioid analgesic that is a mu-receptor agonist and norepinephrine reuptake inhibitor. The California Medical Treatment Utilization Schedule (MTUS) Guidelines related to on-going treatment of opioids state that there should be documentation and ongoing review of pain relief, functional status, appropriate use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. A recent epidemiologic study found that opioid treatment for chronic non-malignant pain did not seem to fulfill any of the key outcome goals including pain relief, improved quality of life, and/or improved functional capacity (Eriksen 2006). The Guidelines also state that with chronic low back pain, opioid therapy "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (> 16 weeks), but also appears limited." Additionally, "There is also no evidence that opioids showed long-term benefit or improvement in function when used as treatment for chronic back pain (Martell - Annals, 2007)." Opioids are not recommended for more than 2 weeks. This patient has been on Nucynta in excess of 16 weeks. The Official Disability Guidelines (ODG) state that tapentadol is recommended as second line therapy for patients who develop intolerable side effects with first line opioids. Its efficacy is similar to oxycodone in patients with osteoarthritis. The documentation submitted lacked a number of the elements listed above, including the level of functional improvement afforded by the chronic opioid therapy in view of the recommendations to avoid long-term therapy; likewise, that other first-line oral analgesics have been tried and failed. The drug is being used concurrent with a first-line oral opioid. Therefore, the record does not document the medical necessity for Nucynta.