

<b>Case Number:</b>	CM14-0135698		
<b>Date Assigned:</b>	08/29/2014	<b>Date of Injury:</b>	01/17/2011
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	07/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/22/2014

### 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 Orthopedic Surgery 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 claimant is a 62 year old female injured in a work related accident on 01/17/11. Records indicate multiple underlying injuries including the neck and shoulders. Records for review indicate the claimant is status post an anterior cervical discectomy and fusion on 05/20/14. The follow up report of 6/17/14 documents that numbness of the digits has resolved and examination showed continued tenderness to palpation over the cervical musculature with restricted range of motion. The claimant is currently utilizing oral narcotic agents for pain relief. This request is for retrospective use of Nucynta, 100 mg., 3 x daily for 90 pills, prescribed at the 06/17/14 assessment.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**RETRO Nucynta 100 mg PO 1 TID #90:** Overturned

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Chapter: Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids- Criteria For Use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates; Pain Chapter: Tapentadol (Nucynta)

**Decision rationale:** Based on MTUS Chronic Pain Guidelines and supported by the Official Disability Guidelines, the retrospective request for Nucynta would be supported as medically necessary. The medical records identify that the prescription was provided roughly three weeks following an aggressive fusion procedure to the cervical spine. The use of this agent for postoperative pain management, particularly in the acute stage after surgical intervention would be supported as medically necessary.