

<b>Case Number:</b>	CM14-0139463		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	06/08/2000
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	08/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/28/2014

### 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 Physical 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 injured worker is a 44-year-old male who sustained an injury on 6/08/00 with resulting lumbosacral back pain. He reported constant throbbing and shooting lower back pain down to his right leg with burning and heavy sensation. He continued to report chronic depression and his mood changes with psychotropic medications. Lower back exam revealed limited ROM; forward flexion at 30 degrees and extension at 5 degrees. SLR was 80 degrees bilaterally which caused some right-sided back pain radiating into the right buttock and posterior thigh. He had sensory loss to light touch and pinprick at the lateral calf and bottom of his foot. He walked with a limp in the right lower extremity. On palpation, muscle rigidity in the lumbar trunk with muscle spasm with loss of lordotic curvature. Current medications included Nucynta ER 100 mg, Norco 10/325 mg, Robaxin 750 mg, Lyrica 300 mg, Abilify 10 mg, Cymbalta 60 mg, and Imitrex 100 mg. Diagnoses were low back pain, history of spinal fusion anteriorly from L5-S1 for chronic diskogenic pain with neuropathic burning pain persistent in the right leg with the muscle spasm. Industrial onset of depression became stable with psychotropic medications. Neuropathic burning pain in the right lower extremity became stable with Lyrica. He had migraine and tension headaches related to back spasm. He reports 50% reduction in pain as well as 50% functional improvement with ADLs with the pain medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucyunta ER 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gillman's The Pharmacological Basis of Therapeutics, 12th Edition McGraw Hill, 2010. Physician's Desk Reference, 68th Edition. [www.RxList.com](http://www.RxList.com) Official Disability Guidelines Workers Compensation Drug Formulary, [www.odg-twc.com/odgtwc/formulary.htm](http://www.odg-twc.com/odgtwc/formulary.htm)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Pain

**Decision rationale:** CA MTUS/ACOEM do not entirely address the issue. Per ODG, Nucynta ER is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. There is no documentation of trial and failure of first line opioid therapy in this IW. Furthermore, there is no mention of ongoing attempts with non-pharmacologic means of pain management, such as home exercise program or evidence of return to work. Therefore, the medical necessity for Nucynta ER 100mg has not been established based on guidelines and lack of documentation. The request is not medically necessary.