

<b>Case Number:</b>	CM14-0159608		
<b>Date Assigned:</b>	10/03/2014	<b>Date of Injury:</b>	06/11/2011
<b>Decision Date:</b>	10/29/2014	<b>UR Denial Date:</b>	09/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/29/2014

### 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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 45 year old female with complaints of right knee pain. The date of injury is 6/11/11 and the mechanism of injury is not elicited. At the time of request for Nucynta 50mg #30, there is subjective (right knee pain) and objective (antalgic gait favoring right lower extremity, right knee warm to palpation with tenderness over the patellar tendon inferiorly as well as medial and lateral compartments, surgical scar incisions over the knee, palpable and audible crepitus over right knee with full flexion and extension) findings, imaging findings (no reports submitted), diagnoses (internal derangement of knee, pain in knee joint, s/p knee surgery), and treatment to date (medications, surgery, physical therapy/functional restoration program). Nucynta is a combination opioid with norepinephrine reuptake inhibition that is recommended for second line treatment of severe chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #30:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Tapentadol(Nucynta)

**Decision rationale:** Per ODG treatment guidelines, Nucynta is a combination opioid with norepinephrine reuptake inhibition that is recommended for second line treatment of severe chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Although this has all been documented, there is no documentation of failure of other first line long acting opioids such as Oxycontin or MS Contain. Therefore, the request for Nucynta 50mg #30 is not medically necessary and appropriate.