MAXIMUS Federal Services

| Case Number: | CM14-0168266 | | |
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| Date Assigned: | 10/15/2014 | Date of Injury: | 03/31/1994 |
| Decision Date: | 11/19/2014 | UR Denial Date: | 10/09/2014 |
| Priority: | Standard | Application Received: | 10/13/2014 |

## 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 Neurology; has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 52-year-old woman who sustained a work-related injury on March 21, 1994. Subsequently, she developed with the chronic back pain. The patient was subsequently diagnosed with the postlaminectomy pain syndrome, lumbar radiculopathy, analgesia, depression and chronic pain syndrome. The patient was treated with pain medications and Nucynta since the July 30, 2014 with urine drug screen documenting compliance with her medication. However the urine drug screen performed on August 27, 2014 was negative for opiates suggesting noncompliance issue. According to a progress note dated on September 24, 2014, the patient was complaining of low back pain and right lower extremity pain with numbness and tingling. The patient pain was rated 6-9/10 without medications and 1-4 on 10 with medications. The patient was taking Phenergan for GI upset with some relief the patient physical examination demonstrated lumbar tenderness with reduced range of motion, decreased sensation in the right lower extremity and preservation of muscle strength. The provider requested authorization for Nucynta and Phenergan.

## IMR ISSUES, DECISIONS AND RATIONALES

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

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

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. There is no clear objective documentation of functional improvement or significant reduction of pain severity. Therefore the prescription of Nucynta ER 100mg #60 is not medically necessary.

**Phenergan 25mg #60 with 4 refills:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12 Edition (web) , 2014, Pain Chapter, Antiemetics (for opioid use)

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Phenergan. http://www.rxlist.com/phenergan-drug.htm

**Decision rationale:** There is no controlled studies supporting the use chronic use of Phenergan for the treatment of opioid induced nausea and vomiting. ODG guidelines recommend the use of antiemetics only in the acute treatment of nausea and vomiting. Therefore, the request for Phenergan 25mg #60 with 4 refills is not medically necessary.