

<b>Case Number:</b>	CM14-0030237		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	05/09/2006
<b>Decision Date:</b>	08/11/2014	<b>UR Denial Date:</b>	02/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/10/2014

### 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 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 62 year old male who sustained an injury on 05/09/06. There did not appear to be any specific mechanism of injury. Rather, this appeared to have been a cumulative trauma type injury for which the injured worker developed complaints of low back pain. The injured worker is noted to have had an extensive amount of narcotics treatment since the date of injury. The injured worker had also received prior epidural steroid injections. It is noted the injured worker had a detoxification of narcotics through a functional restoration program in 2011. The injured worker is also noted to have had previous medial branch blocks followed by facet rhizotomy procedures as well as piriformis injections. Medications have included multiple different narcotics to include transdermal Fentanyl, Hydrocodone, and Nucynta. The last urine toxicology results were from 2011 showing positive results for Fentanyl and Nucynta as well as Gabapentin. As of 02/18/14, the injured worker had continuing complaints of low back pain radiating to the lower extremities. The injured worker's pain scores were 8/10 on the visual analogue scale (VAS). The injured worker still did not wish to entertain a spinal cord stimulator trial. Current medications at this evaluation included Neurontin 600mg, Skelaxin 800mg, Avinza 30mg taken twice daily, Nucynta 100mg taken 3 times daily as needed for breakthrough pain, and Colace. The injured worker's physical examination noted limited range of motion in the cervical and lumbar spine with positive facet loading noted bilaterally in the lumbar spine. There was also tenderness over the left piriformis. There was weakness present at the left extensor hallucis longus as well as on dorsa flexion to the left side. The injured worker did describe increasing pain. Medications were continued at this visit and the injured worker was recommended for a gym membership. There was an appeal letter from 03/12/14 indicating that the injured worker's current use of narcotic medications was helping him be functional and

helping him to ambulate. The requested Nucynta 100mg, quantity 90 was denied by utilization review on 02/27/14.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nucynta 100mg tablet three times a day as needed for lumbar qty:90:** 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).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, Criteria for Use Page(s): 88-89.

**Decision rationale:** From the clinical documentation submitted, the injured worker is noted to have very high pain scores despite the use of an extensive amount of narcotic medications to include both Avinza and Nucynta. The injured worker's calculated morphine equivalent dosage (MED) exceeded the maximum amount recommended by the MTUS Chronic Pain Guidelines set at 100mg MED per day. Although the injured worker is reported to have been functional with Nucynta, the most recent clinical evaluation noted the injured worker had no longer continued walking and reported increasing pain. Although Nucynta can be considered as 2nd to 3rd line options in the treatment of severe chronic musculoskeletal complaints, guidelines do recommend that there be ongoing assessments establishing the efficacy of Nucynta for pain management. As this is not clearly documented in the clinical reports provided for review, this request is not medically necessary and appropriate.