

<b>Case Number:</b>	CM14-0031870		
<b>Date Assigned:</b>	06/20/2014	<b>Date of Injury:</b>	11/13/1998
<b>Decision Date:</b>	11/07/2014	<b>UR Denial Date:</b>	02/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2014

### 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 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 60 years old female with complaints of neck pain, low back pain, and lower extremity pain. The date of injury is 11/13/98 and the mechanism of injury is not elicited. At the time of request for Celebrex 100mg#60 and Nucynta ER 100mg#60, there is subjective (neck pain, low back pain, foot/ankle pain) and objective (tenderness interscapular, trapezius, and paravertebral cervical musculature, restricted range of motion cervical spine, restricted range of motion left shoulder, tenderness over the lateral epicondyle at the elbow, tenderness over the extensors left wrist, tenderness at the lumbosacral junction and sacroiliac joints, restricted range of motion lumbar spine, weakness of the left hip flexors, straight leg raise positive bilaterally) findings, imaging findings (10/4/13 MRI cervical spine shows multilevel disc protrusions C2/3 thru T4/5, spondylosis at each level), diagnoses (bilateral lumbar radiculopathy, left cervical radiculopathy with weakness, L4-5 annular tear, facet arthropathy L2 thru S1, C4-7 degenerative disc disease and facet arthropathy, L4-5 anterolisthesis), and treatment to date (medications, requests for epidural steroids and facet injections). There is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Also, There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. 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 ie 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:

**Celebrex 100mg #60, 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-73. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) <Pain(Chronic)>, <NSAIDs(non-steroidal anti-inflammatory drugs, Celecoxib(Celebrex)

**Decision rationale:** Per MTUS-Chronic Pain Medication Treatment Guidelines and ODG, there is inconsistent evidence for the use of NSAID medications to treat long term neuropathic pain. However, they may be useful to treat mixed pain conditions such as osteoarthritis and neuropathic pain combination. The lowest possible dose should be used in attempt to avoid adverse effects. Also, There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. Unfortunately, there is no documentation of efficacy of this pharmacologic therapy nor is there documentation of failure of non-selective COX inhibitor ie. naproxen 500mg. Therefore, Celebrex 100mg#60 is not medically necessary.

**Nucynta ER 100mg #60, 30 day supply:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-84. 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 ie 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 mscontin. Therefore, the request for Nucynta is not medically necessary.

