

<b>Case Number:</b>	CM14-0036802		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	02/15/2012
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/26/2014

### 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 & Rehabilitation 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 51-year-old male who reported an injury on 11/01/1995. The mechanism of injury was not provided for clinical review. The diagnoses included spasms of muscles, degenerative lumbar and lumbosacral intervertebral disc, lumbosacral spondylosis, cervicgia, cervical spondylosis, degenerative cervical intervertebral disc. Previous treatments included surgery, medication, epidural steroid injection, inversion table, EMG, and NCV. Within the clinical note dated 06/19/2014 reported the injured worker complained of low back pain which radiated into his hips, left greater than right, and neck pain which radiated into the shoulders, and shoulder pain. The injured worker complained of stiffness in his lower back. Upon the physical examination, the provider noted the injured worker to have facetogenic symptoms. The provider indicated the injured worker had minimal low back pain. The provider requested Celebrex and Nucynta ER for pain as needed. The request for authorization was provided and submitted on 06/23/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Celebrex 200 mg, QTY: 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs), Specific Drug List & Adverse Effects Page(s): 70.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs  
Page(s): 67.

**Decision rationale:** The injured worker complained of low back pain which radiated into his hips, left greater than right, and neck pain which radiated into the shoulders, and shoulder pain. The California MTUS Guidelines note Celebrex is a nonsteroidal antiinflammatory. The guidelines note NSAIDs are recommended to treat osteoarthritis. The guidelines note they are recommended at the lowest dose for the shortest period of time in patients with moderate pain and in particular for those with gastrointestinal and cardiovascular or renovascular factors. The clinical documentation submitted does not indicate the injured worker to have objective signs or symptoms of osteoarthritis and tendonitis. The request submitted failed to provide the frequency of the medication. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Celebrex 200 mg #60 is not medically necessary and appropriate.

**Nucynta ER 50 mg:** 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), Pain (updated 03/18/14) Tapentadol (Nucynta).

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

**Decision rationale:** The injured worker complained of low back pain which radiated into his hips, left greater than right, and neck pain which radiated into his shoulders. He also complained of shoulder pain. The Official Disability Guidelines recommend tapentadol a form also known as Nucynta is recommended as a second line option for patients who develop intolerable adverse effects with first line opioids. The recent large RCTS conclude 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. There was lack of documentation indicating the injured worker to be intolerant or have adverse effects to first line opioids. The request submitted failed to provide the frequency of the medication. The clinical documentation submitted failed to provide the efficacy of the medication as evidenced by significant functional improvement. Therefore, the request for Nucynta ER 50 mg is not medically necessary and appropriate.