

<b>Case Number:</b>	CM14-0040948		
<b>Date Assigned:</b>	06/30/2014	<b>Date of Injury:</b>	07/03/1999
<b>Decision Date:</b>	08/19/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/08/2014

### 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 Occupational 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 patient is a 60-year-old female who has submitted a claim for lumbar disc herniation, degenerative disc disease of the lumbar spine, spondylolisthesis and lumbago post-operatively associated with an industrial injury date of 7/3/99. Medical records from 2013 to 2014 were reviewed. The patient complained of low back pain rated at 8-9/10 in severity, aggravated with bending, pulling, and prolonged standing. Physical examination of the lumbar spine showed restricted motion and tenderness. Straight leg raise test was positive bilaterally. Treatment to date has included lumbar surgery, physical therapy, and medications such as Nucynta, Percocet, Prilosec, Elavil, and a topical product.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 100mg for lumbar spine pain, #60 as an outpatient: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006; the Physician's Desk Reference, 68th ed.; RxList.com; the Official Disability Guidelines; Epocrates Online; the Monthly Prescribing Reference; the Opioid Dose Calculator; and the ACOEM, Low Back, Tble 2, Summary of Recommendations, Low Back Disorders.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**Decision rationale:** The California MTUS does not specifically address this topic, so the Official Disability Guidelines (ODG) were used instead. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. When patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In this case, patient has been on Percocet since May 2013. However, there was no documentation concerning a rationale for prescribing adjuvant Tapentadol. There was a mention that the pain management specialist recommended the initiation of Nucynta on 11/13/13; however, the official report was not made available for review. The medical necessity cannot be established due to insufficient information. Therefore, the request is not medically necessary.