

<b>Case Number:</b>	CM14-0048750		
<b>Date Assigned:</b>	06/25/2014	<b>Date of Injury:</b>	07/20/2004
<b>Decision Date:</b>	07/23/2014	<b>UR Denial Date:</b>	03/19/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/27/2014

### 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 Family Practice 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:

51 yr. old male claimant who sustained a work related injury on 7/20/14 resulting in chronic back pain. He had a diagnosis of herniated L5-S1 nucleus pulposus, impingement of left S1 and bilateral leg neuropathy. For over the past year he has been on Norco and Flexeril for pain relief and muscle spasms. He has also received injections of Toradol for sciatic symptoms. His pain was as high as 8-9/10 while on Norco and Flexeril. Cymbalta had been added nightly since early 2013 but the pain remained in the 7-8/10 range. A request was subsequently made on March 5, 2014 by the treating physician for Nucynta 50 mg for pain relief.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prescription of Nucynta 50mg #120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Criteria for use, Nycynta.

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

**Decision rationale:** Nycynta is an opioid. According to the MTUS guidelines: Opioids for-Chronic back pain: Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative

therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. (Deshpande, 2007) In this case, the claimant had been on opioids for over a year without improvement in function or pain level. There is no evidence that opioids are beneficial after 16 weeks or that one opioid is superior to another. As a result, Nucynta is not medically necessary.