

<b>Case Number:</b>	CM14-0055202		
<b>Date Assigned:</b>	07/07/2014	<b>Date of Injury:</b>	08/19/1995
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/08/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2014

### 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 Texas. 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 female who has a reported date of injury 08/19/95. The injured worker is a former animal caretaker who tripped on a can of dog food that fell out of the case she was carrying upstairs and sustained multiple injuries. The most recent medical record submitted for review dated 03/04/14, the injured worker presented to the clinic today for medication refill for work-related injuries. She further states medications help control the pain. Visual analog scale, at that time, was 6/10. (After reviewing all the medical records, her visual analog scale did not change significantly.) No documentation of functional improvement. Physical examination revealed gait within normal limits no assisted devices used. Tenderness, spasm noted in the thoracolumbar fascia, latissimus dorsi and gluteus medius on the right are tender. Straight leg raise is negative bilaterally. Diagnoses is post-laminectomy syndrome, failed back surgical syndrome, phase 2 spinal cord stimulator surgical lead, adjustment disorder with depression and anxiety, opioid dependency, insomnia, and lumbar strain. Prior utilization review dated 04/01/14 was not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 150 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

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

**Decision rationale:** The request for Nucynta ER 150 mg is not medically necessary. The clinical documentation submitted for review does not support the request. There is no documentation of functional improvement, and no documentation of substantial decrease in her pain. As such, medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

**Percocet 10/325 mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, opioid's.

**Decision rationale:** The request for Percocet 10/325 mg is not medically necessary. The clinical documentation submitted for review, as well as current evidence based guidelines do not support the request. There is no documentation of functional improvement, and no documentation of substantial decrease in her pain. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.