

<b>Case Number:</b>	CM14-0062789		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	02/21/1953
<b>Decision Date:</b>	08/21/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 and Rehabilitation 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 an 85 year old male who had a work related injury on 02/21/53. There is no documentation of the mechanism of injury. He has had 6 back surgeries starting with a disc removal in 1959. His other surgeries were in 1971, 1993, 1994, 2009, and the most recent surgery was 05/27/11 where a total laminectomy and redo laminectomy was done at L1 and L2. He essentially had a fusion from L3 to the sacrum and a questionable pseudoarthrosis at L2-3. The most recent medical records submitted for review dated 06/12/13, average pain level is at 8/10. Aggravating factors are standing and walking. Alleviating factors are medication and sitting. Physical examination shows no acute distress. Tender to palpation along upper lumbar spine. Range of motion is reduced with pain. Normal strength and sensation. Reflexes are reduced. Gait is flexed forward with the use of a cane. 10/21/11 thoracic MRI showed multi-level degenerative disc disease, spondylosis and small central T6-7 herniated nucleus pulposus. Lumbar MRI 08/01/11 showed L3 to L5 fusion, multi-level foraminal stenosis, fluid collection in the L1-2 laminar space. Lumbar MRI 08/27/10 showed L3 to S1 fusion, multi-level foraminal stenosis L1-2 central stenosis. Diagnoses include pseudoarthrosis L2-3, post-laminectomy syndrome lumbar spine, lumbosacral spondylosis, lumbosacral disc degeneration. In reviewing medical records submitted, visual analog scale scores did not change, 7-8/10. There was no documentation of functional benefit from medication. Prior utilization review on 04/14/14 was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta, 50 mg, #60 with one refill:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**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, Tapentadol (Nucynta).

**Decision rationale:** The request for Nucynta 50 mg, #60 with one refill is not medically necessary. The clinical documentation submitted for review does not support the request. Visual analog scale (VAS) scores were unchanged at 7-8/10. No VAS scores with and without medication. There was no documentation of functional benefit from medication. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. As such medical necessity has not been established.