

<b>Case Number:</b>	CM14-0063030		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	01/15/2007
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/23/2014
<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 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 41-year-old female who reported an injury of unknown mechanism on 08/21/2013. On 06/05/2014, her diagnoses included lumbar discogenic disease, lumbar facet syndrome/lumbar radiculitis, and "long term meds." Her medications included oxycodone 10 mg, Zanaflex 4 mg, and Senokot with no dosage noted. She had undergone radiofrequency ablation procedures on 03/17/2014 and 04/03/2014 and reported satisfactory relief therefrom. On 04/16/2014 she received a prescription for Nucynta 100 mg. It was prescribed because her OxyContin had not been approved. The rationale for the Nucynta was to prevent withdrawals from opioid therapy. There was no Request for Authorization included in this worker's chart.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta, 100 mg, #150:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta).

**Decision rationale:** The request for Nucynta 100 mg #150 is not medically necessary. The California MTUS Guidelines recommends for first time/trial opioid prescriptions, a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether the trial should occur. For chronic back pain, opioids appear to be efficacious but limited to short term pain relief, as long term efficacy, greater than 16 weeks, is unclear, but also appears limited. Long term use may result in immunological and endocrine problems. The Official Disability Guidelines recommends Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. Per the submitted documentation, this worker has been taking opioids since 10/02/2013, which exceeds the guideline recommendation of 16 weeks. Furthermore, there was no documentation submitted that this worker developed intolerable adverse effects to first line opioids she had been taking prior to the prescription for Nucynta. Additionally, there was no frequency of administration specified in the request. Since this worker was taking more than 1 opioid, without frequency, morphine equivalency dosage could not be calculated. Therefore, this request for Nucynta 100 mg #150 is not medically necessary.