

<b>Case Number:</b>	CM14-0065435		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/23/2003
<b>Decision Date:</b>	09/17/2014	<b>UR Denial Date:</b>	04/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/08/2014

### 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 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 a 44 year old female who reported an injury to her cervical pain along with right upper extremity pain. The injured worker also reported cervicogenic headaches rated moderate to severe. A clinical note dated 11/22/13 indicated the initial injury occurred on 08/23/03 when two cases of product fell from the top of a pallet and struck her neck. The injured worker reported ongoing neck stiffness with upper extremities numbness and migraine headaches. The injured worker subsequently underwent epidural steroid injection which provided 50% pain relief. The injured worker utilized Nucynta, Fioricet, and tramadol for pain relief. The urine drug screen on 01/04/14 indicated the injured worker showing inconsistent findings with Butalbital, hydrocodone, and tramadol as these medications were not detected despite their prescription. A clinical note dated 11/22/13 indicated the injured worker complaining of neck pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75 mg #120 1 po q 6 hours prn pain:** 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:** 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:** It is recommended as a second line therapy for injured workers who develop intolerable adverse effects with first line opioids. Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain. There is an indication the injured worker has low back complaints; however, no objective data was submitted regarding the injured worker's positive response to the use of this medication. Therefore, Nucynta 75 mg #120 is not medically necessary.

**Fioricet #90 1 TID:** 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 Barbiturate-containing analgesic agents (BCAs) Page(s): 23.

**Decision rationale:** The use of Fioricet, a barbiturate-containing analgesic, is not recommended for treatment of chronic pain. Research indicates the potential for drug dependence is high and no evidence exists to show a clinically important enhancement of analgesic efficacy. Additionally, there is no indication in the documentation that establishes the benefits associated with the use of the medication. The clinical notes indicate that the injured worker's pain and symptoms remain unchanged with the current medication regimen. As such, the continued use of Fioricet #90 is not medically necessary.

**Tramadol 50 mg #60 1 BID:** 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 Opioids, criteria for use Page(s): 77.

**Decision rationale:** Injured workers must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. No recent opioid risk assessments regarding possible dependence or diversion were available for review. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, Tramadol 50 mg #60 1 BID is not medically necessary.