

<b>Case Number:</b>	CM14-0067104		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	07/19/2013
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/12/2014

### 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:

This 40 year-old patient sustained an injury from lifting boxes on 7/19/13 while employed by [REDACTED]. Request under consideration include Nucynta 100mg IR tab. Reports dated 10/11/13, 11/8/13, 12/6/13, 1/3/14, 3/28/14 from the provider noted the patient with ongoing complaints of neck and low back pain radiating to anterior lateral left thigh; neck pain is constant causing headaches radiating down left arm with associated numbness on left middle, ring, and 5th digits. Exam showed tenderness in paraspinous muscles and trapezius; negative Spurling's and Hoffman's; range within normal limits except for lateral bending and rotation; thoracic and lumbar spine with tenderness in paraspinous muscles; negative Patrick's and Gaenslen's and sciatic notch; 5-/5 on left and 5/5 on right lower extremities with DTRs 2+; 5/5 in upper extremities except for 4/5 in left shoulder. Medications list Flexeril, Nucynta ER and Nucynta IR for breakthrough. The request for Nucynta 100mg IR tab was determined as not medically necessary on 4/17/14 citing guidelines criteria and lack of medical necessity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg IR tab:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines: Chapter on Pain, and Official Disability Guidelines: Chapter on Peer Review Contacts.

**MAXIMUS guideline:** Decision on the MTUS Chronic Pain Medical Treatment Guidelines, Chronic Pain Medical Treatment Guidelines Opioids, pages 74-96, On-Going Management.

**Decision rationale:** The request for Nucynta 100mg IR tab was determined not medically necessary on 4/17/14. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain and unchanged clinical findings. There is no report of acute flare-ups or ADL limitations to support long-term use of opiates. The Nucynta 100mg IR tab is not medically necessary and appropriate.