

<b>Case Number:</b>	CM14-0069927		
<b>Date Assigned:</b>	07/14/2014	<b>Date of Injury:</b>	10/31/1991
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/15/2014

### 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 Occupational Medicine 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 is a 65-year-old female with a 10/31/91 date of injury. The mechanism of injury was not noted. According to a progress report dated 5/9/14, the patient complained of painful and weak. She described her pain as constant with intermittent flare-ups. The pain was aching and throbbing. At its worst her pain is 10/10 and on average about 8/10. The pain was made worse by increased activity and improves by applying heat, massage, and taking medications. She also complained of numbness and felt pins and needle sensation in her toes. Objective findings: spasms present in the lumbar paravertebral region, tenderness noted in the right and left lumbar paravertebral regions at the L4-L5 and L5-S1 levels, tenderness also present in the left hip. Diagnostic impression: trochanteric bursitis, lumbar disc disorder, knee/lower leg pain. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 4/17/14 denied the requests for Nucynta 100 mg and Flector patch. There is no objective evidence provided to support the continued prescription of opioid analgesics for chronic mechanical back or leg pain. Regarding Flector patch, the continued use of topical NSAIDs for the current clinical conditions is not otherwise warranted or appropriate.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg #60 refill x 1 for date of service 4/7/14:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 67-68. 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 - Nucynta.

**Decision rationale:** The CA MTUS does not address this issue. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with Oxycodone, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. According to an appeal note dated 5/9/14, the patient has had a trial of a first-line agent, tramadol. However, Tramadol caused a low-grade headache that is constant and she was afraid of possible serotonin syndrome. With Nucynta, the patient noted 50% improvement in sitting, standing, walking tolerance, and 10% improvement in lifting, work, and household chore tolerance. In addition, the patient had a urine drug screen dated 4/2/14 that was consistent for Nucynta use. Guidelines support the use of Nucynta in the presence of functional improvement and monitoring for correct usage. Therefore, the request for Nucynta 100mg #60 refill x 1 for date of service 4/7/14 is medically necessary and appropriate.

**Flector patch 1.3% #60 for date of service 4/7/14:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Page(s): 22, 67-68. Decision based on Non-MTUS Citation Official Disability guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-112. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch) Official Disability Guidelines (ODG) Pain Chapter - Flector Patch.

**Decision rationale:** The MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. According to an appeal note dated 5/9/14, the patient is not a good candidate for oral NSAID therapy due to the fact that she only has one kidney. She has also had a gastric bypass surgery which puts her at further risk of developing gastric side effects with oral NSAIDs. The patient gets topical pain relief with the use of this medication. With the use of Flector patches, the patient has pain relief. Therefore, the request for Flector patch 1.3% #60 for date of service 4/7/14 is medically necessary and appropriate.

