

<b>Case Number:</b>	CM14-0070056		
<b>Date Assigned:</b>	08/08/2014	<b>Date of Injury:</b>	01/04/2011
<b>Decision Date:</b>	09/22/2014	<b>UR Denial Date:</b>	05/08/2014
<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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 50 year old male with a 1/4/2011 date of injury. The exact mechanism of the original injury was not clearly described. A progress reported dated 4/28/14 noted subjective complaints of 4/10 burning pain to low back pain radiating to the left leg. Objective findings included paraspinal muscle tenderness and spasms. There is decreased sensation in the left L4 and L5 dermatomes. It is noted that the patient has both radicular pain as well as facet mediated pain. Medications included Flexeril, Naproxen, Nucynta, Nucynta ER, and Tramadol. A 3/11/14 progress report noted that Nucynta ER, Nucynta IR, and Baclofen received partial certification and was recommended to be weaned/tapered. It was reported that the patient had prior positive diagnostic medial branch blocks. The patient had a left lumbar ESI at L4-L5 and L5-S1 on 3/5/14 which he reported to have no effect on his symptoms. Diagnostic Impression: degenerative disc disease, lumbosacral radiculitis Treatment to Date: medication management, physical therapy, lumbar ESIA UR decision dated 5/8/14 denied the request for left L3, 4, 5 radiofrequency ablation. The submitted documentation has no clear evidence of level and duration of pain relief, and functional improvement following medial branch block. The current medical report lacks sufficient objective evidence of facet deficits or significant decline in functional status to support the procedure. It also denied the request for Nucynta ER 150 mg. It also denied the request for Nucynta IR 50 mg #60. In 3/11/14 claimant received certification with indication that certification on subsequent review will require CA MTUS mandated documentation including current urine drug test, risk assessment profile, attempt at weaning/tapering, measurable efficacy, and an updated pain contract. The above details were not available for review. It also denied the request for Baclofen 10 mg #60. Guidelines recommend muscle relaxants only for short term usage. In 3/11/14 the claimant had already been recommended to wean/titrate this medication. It also denied the request for Lyrica 75 mg. The

submitted medical records lack clear details about efficacy, such as measurable decrease in claimant's pain or ability to function from prior use of this medication.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Left L3, 4, 5 radio frequency ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Chapter.

**Decision rationale:** The MTUS states that facet neurotomies should be performed only after appropriate investigation involving controlled differential dorsal ramus medial branch diagnostic blocks. In addition, The Official Disability Guidelines (ODG) criteria for RFA include at least one set of diagnostic medial branch blocks with a response of 70%, no more than two joint levels will be performed at one time, and evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy. However, in the provided documents available for review, there is no quantification of the patient's response to the prior diagnostic medial branch block. Additionally, while there is note that the patient has facetogenic pain, there is no documentation of objective physical exam findings to support this. Therefore, the request for left L3, 4, 5-radiofrequency ablation is not medically necessary.

**Nucynta ER 150mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - nucynta.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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.

However, given the 2011 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for nucynta and tramadol. The records do not clearly reflect continued analgesia, continued functional benefit, or lack of aberrant behavior. There is no documentation of any urine drug screens or a pain contract. Although opiates may be appropriate, additional information would be necessary, as MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Additionally, the quantity, duration, and frequency of use are not mentioned in this request. Furthermore, there is no mention of adverse side effects to first-line opioids to warrant the use of Nucynta. Therefore, the request for Nucynta ER 150 mg is not medically necessary.

**Nucynta IR 50mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opiates Page(s): 78-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - nucynta.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. However, given the 2011 date of injury, the duration of opiate use to date is not clear. In addition, there is no rationale for concurrent prescriptions for nucynta and tramadol. The records do not clearly reflect continued analgesia, continued functional benefit, or lack of aberrant behavior. There is no documentation of any urine drug screens or a pain contract. Although opiates may be appropriate, additional information would be necessary, as CA MTUS Chronic Pain Medical Treatment Guidelines require clear and concise documentation for ongoing management. Furthermore, there is no mention of adverse side effects to first-line opioids to warrant the use of Nucynta. Therefore, the request for Nucynta IR 50 mg #60 is not medically necessary.

**Baclofen 10mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines recommends non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. In addition muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement, and no additional benefit has been shown when muscle relaxants are used in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. However, with a 2011 date of injury and no documentation that there has been any acute exacerbation, it is unclear why the patient would need a muscle relaxant. She was noted to be on Tramadol and Nucynta. It is unclear why she would need to be on both opiate pain medication as well as a muscle relaxant. Therefore, the request for baclofen 10 mg #60 is not medically necessary.

**Lyrica 75mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 20.

**Decision rationale:** MTUS states that Lyrica has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for both indications, and is considered first-line treatment for both. Peer-reviewed literature also establishes neuropathic pain as an indication for Lyrica. However, there is no documentation to suggest that the patient is thought to have diabetic neuropathy or postherpetic neuralgia. There is subjective evidence that the patient may have a lumbar radiculopathy. However, there is no mention in the provided documentation of derived improvements, whether subjective or objective, from the use of this medication. It is also unclear how long the patient has been taking this medication. Furthermore, there is no quantity, duration, or frequency noted in the request. Therefore, the request for Lyrica 75 mg is not medically necessary.