

<b>Case Number:</b>	CM14-0090266		
<b>Date Assigned:</b>	07/23/2014	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	08/28/2014	<b>UR Denial Date:</b>	06/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/16/2014

### 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 New York and North Carolina. 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 55 year old man, with lumbago, after injury 10/18/2000. The injured worker is appealing the 6/5/14 denial of Nucynta and Topamax (refill only denied) in the treatment of lumbar facet arthropathy and lumbar discogenic spine pain, and a seizure disorder.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation, Work Loss Data Institute, 7th Edition, 2009, Pain Chapter: Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ; Opioids, Criteria for Use (on-going management, page(s) 78-80 Page(s): 78-80. Decision based on Non-MTUS Citation RxList (Nucynta): <http://www.rxlist.com/nucynta-er-drug/clinical-pharmacology.htm> i, Medscape (tapentadol): <http://reference.medscape.com/drug/nucynta-tapentadol-999202#10>.

**Decision rationale:** Based on the medical records provided for review there was a drug test submitted 5/28/14, after the denial was issued (positive for methadone and oxycodone). There

was a drug test ordered 3/26/14. A test collected 3/4/14 was interpreted as positive for methadone (although the concentration appeared to be below cutoff). There was no documentation provided that would confirm Nucynta's metabolism to anything but glucuronated or sulfated forms. While the employee was using Nucynta, the pain was consistently rated between 5 (good day) and 9 (bad day) on a 10-point VAS. However, the employee states that his pain is reduced 50-60%, and he can work 4-6 hours per day without side effects on the medication. The findings from the drug screen (it is unclear if these were confirmed by the lab), indicate there is evidence of misuse of other narcotics, such as methadone and oxycodone. Although the reports indicate that there is no evidence of abuse, it is not clear how that conclusion is reached. Therefore, the request for Nucynta 75mg, #120 is not medically necessary and appropriate.

**Topamax 100mg, #30 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Topiramate Page(s): 21.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines : Anticonvulsants, page(s) 21 Page(s): 21.

**Decision rationale:** Based on the medical records provided for review, the employee was noted to be undergoing work up for possibly seizure disorder on 6/26/14. This was after the Topamax was already being prescribed. However, in earlier notes, including 3/2014 and 4/2014, he was noted to specifically deny seizure on neurologic ROS. Per Medscape, treatment for seizure disorder is twice per day dosing, starting with 25 mg BID, which may be increased by 50 mg weekly to a maximum of 200 mg BID. He is being prescribed 100 mg qHs, or once per evening. As such, the request for Topamax 100mg, #30 with 1 refill is not medically necessary and appropriate.