

<b>Case Number:</b>	CM14-0091124		
<b>Date Assigned:</b>	07/25/2014	<b>Date of Injury:</b>	07/20/2010
<b>Decision Date:</b>	08/29/2014	<b>UR Denial Date:</b>	06/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/17/2014

### 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, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 52-year-old male who reported an injury on 07/20/2010 due to lifting a money tray. The injured worker's diagnoses were positive diagnostic sacroiliac joint injections, right sacroiliac joint pain, bilateral lumbar facet joint pain, lumbar facet joint arthropathy, right paracentral disc protrusion at L4-5 measuring 4 cm with moderate right lateral recess stenosis, central disc bulge at L2-3 measuring 2 mm, central disc bulge at L3-4 measuring 1 mm, lumbar degenerative disc disease, and lumbar sprain/strain. The injured worker's past treatment was medication management, psychological treatment and sacroiliac joint injections. He complained of bilateral low back pain and reported a pain score of a 4/10 on the VAS scale. On the physical examination dated 06/26/2014, there was tenderness upon palpation of the bilateral lumbar paraspinal muscles overlying the L2-5 facet joints. There was tenderness upon palpation upon the right sacroiliac joint sulcus. Lumbar ranges of motion were restricted by pain in all directions. Lumbar extension was worse than lumbar flexion. Lumbar discogenic provocative maneuvers were positive. His medications were Tizanidine and Nucynta 50 mg. and his treatment plan was for the request of Nucynta. The rationale for the request was the medication provides 50% improvement of his pain with maintenance of his activities of daily living. The Request for Authorization Form dated 06/03/2014 was provided with the documentation submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers' Compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** The request for Nucynta 50mg #60 is not medically necessary. According to the California MTUS, the ongoing management of a patient taking opioid medication should include: routine office visits and detailed documentation of the extent of pain relief, functional status in regard to the activities of daily living, appropriate medication use and/or aberrant drug-taking behavior and adverse side effects. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The documentation submitted for review indicated that the injured worker's pain rating was at a 4/10. The documentation submitted for review indicates that the injured worker's pain is improved by 80%. It is also noted that there was an increase in the activities of daily living. The injured worker was not noted to have any issues with aberrant drug-taking behavior; however, there was no documentation submitted for a recent drug screen showing consistent results to verify appropriate medication use. Additionally, the request failed to include the frequency of the medication. Given the above, the request is not medically necessary.