

<b>Case Number:</b>	CM14-0095326		
<b>Date Assigned:</b>	09/15/2014	<b>Date of Injury:</b>	09/08/2008
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	06/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/23/2014

### 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 Pain Management 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:

The injured worker is a 56-year-old male with a date of injury on September 8, 2008. Previous treatments include physical therapy twice a week for three weeks, anti-inflammatories, and magnetic resonance imaging scans. Records dated March 3, 2014 documents that the injured worker complained of constant, dull to sharp pain in the low back which radiates into the left and right buttocks and down the right leg with pins and needles sensation. Pain was increased with bending and sitting for prolonged periods. He rated his pain as 7/10. Lumbar spine examination noted palpable tenderness. Active range of motion was limited in all planes. Grade 4/5 decreased sensation to the right L5-S1 was noted. Most recent records dated June 10, 2014 documents that the injured worker reported that his lower back pain was doing better. He rated his pain as 6/10. He also continued to lose weight and anticipated that he will reach his target weight in December 2014. Objectively, tenderness was noted over the lumbosacral spine. Active range of motion was still limited with flexion and extension. He is diagnosed with (a) herniated nucleus pulposus of the lumbar spine and (b) obesity.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing; Opioids, specific drug list Page(s): 43; 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, tools for risk stratification & monitoring and Urine Drug Testing (UDT)

**Decision rationale:** Urine drug screening test is intended to dissuade moderate or high risk workers (those with history of substance abuse or aberrant drug taking behaviors) from misusing or developing aberrant drug behaviors. In this case, the injured worker just had a previous urine drug screening request in April 2014 however results were not provided. Furthermore, there is no indication that the injured worker is a moderate or high risk injured worker or he is experiencing opioid hyperalgesia. Therefore, the medical necessity of the requested urine drug screening test is not established.

**Nucynta 100mg, #100:** 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)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

**Decision rationale:** Nucynta (tapentadol) is an opioid/narcotic that is indicated to treat moderate to severe pain levels. Evidence-based guidelines indicate that opioids are not generally recommended for long-term pain management treatment however if it is to be used in the long-term, a criteria is presented and must be met in order to continue opioid treatment. One of the primary requirements is the documentation of a decrease in pain level, significant increase in functional improvements, evidence of extenuating factors, or if the injured worker has returned to work. In this case, the injured worker is noted to be using Nucynta in the long-term however he has not returned work, there is also no evidence of significant decrease in pain levels, no significant improvements with functional activities, and there is no evidence of a flare-up or breakthrough pain. Based on the reasons, the medical necessity of the requested Nucynta 10mg #100 is not established.