

<b>Case Number:</b>	CM14-0175083		
<b>Date Assigned:</b>	10/28/2014	<b>Date of Injury:</b>	06/26/2009
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	09/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2014

### 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 Medicine and is licensed to practice in Florida. 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 male who reported an injury on 06/26/2009 due to an unknown mechanism. The diagnoses were chronic pain syndrome; thoracic or lumbosacral neuritis or radiculitis, unspecified; spinal stenosis, lumbar; low back pain syndrome; disc degeneration, lumbar; muscle pain; lumbar facet arthropathy; lumbar postlaminectomy pain. Physical examination dated 08/08/2014 revealed that the injured worker was status post lumbar epidural steroid injection the previous day. The injured worker reported that the low back pain and right leg burning had diminished. He reported that he continued to have pain, but improved ease of movement. The injured worker described his low back pain as diffuse and aching type pain. He reported occasional stabbing down his right leg. He rated the pain 8/10 to 9/10 on the VAS without medications and 7/10 to 8/10 with medications. The pain was worse with bending, squatting, lifting, and laying down. No new symptoms or neurological changes were reported. Examination of the lumbar spine revealed strength of 5/5 in the bilateral lower extremities. Sensation was diminished in the right L5-S1 dermatome. Deep tendon reflexes for the right patella were 1+ and Achilles was 1. Deep tendon reflexes left patellar 2- and Achilles was 1+. Straight leg raise was positive on the right and negative on the left. The injured worker had an EMG/NCS on 10/15/2012 that revealed right L5 radiculitis. MRI of the lumbar spine dated 09/27/2012 revealed right lateral recess was narrowed with possible compromise of the traversing right L5 nerve root. Medications were gabapentin, oxycodone, Nucynta, and lisinopril. The rationale was reported as opioids are necessary for chronic intractable pain. The injured worker continued to feel that medications help control his pain and increase function. The injured worker felt that he could perform increased activities of daily living with his medications. There was no aberrant behavior. The patient had signed an opioid contract with

the office. It was also reported that the patient understood the risk and benefits of his medications. The Request for Authorization was not submitted.

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

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

**Nucynta ER 100mg Quantity:: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG-TWC/Tapantadol (Nucynta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The decision for Nucynta ER 100 mg Quantity 60.00 is not medically necessary. The California MTUS Guidelines recommend ongoing review of opioids including documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain and intensity of pain before and after taking the opioid. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. In most cases, analgesic treatment should begin with acetaminophen, aspirin, NSAIDs and/or antidepressants. Long-term use may result in immunological or endocrine problems. There was no documentation in the submitted chart regarding appropriate long-term monitoring/evaluations, including failed trials of NSAIDS, aspirin or antidepressants, quantified efficacy or drug screens. Although a definitive quantity of 60.00 was added in this revised request, a frequency of administration was still not specified. Since he is taking more than one opioid, without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for Nucynta ER 100mg Quantity 60.00 is not medically necessary.