

<b>Case Number:</b>	CM14-0198843		
<b>Date Assigned:</b>	12/09/2014	<b>Date of Injury:</b>	09/23/2012
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	11/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/26/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 32 year old female who sustained an industrial injury on 9/23/12. No mechanism of injury was noted. She currently complains of sharp, pain across her low back with pain and numbness and pain in the right lower extremity. Her pain intensity without medication is 10/10 and with medication is 9/10. Medications include omeprazole. Norco was not tolerated. Diagnoses include right L5-S1 radiculopathy; low back pain; lumbar discogenic pain; lumbar spinal stenosis; depression and diabetes. Treatments to date include epidural steroid injection which was not helpful, heat, cold and medications which are helpful. Diagnostics include lumbar MRI (no date) abnormal findings; electromyography (no date) abnormal findings. In the progress note dated 7/23/14 the treating providers plan of care requested Nucynta as she is not getting good relief with Norco and has developed side effects. Her pain is a combination of nociceptive and neuropathic pain. In the note 11/12/14 the treating provider requested Nucynta ER for the low back and radicular pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 200mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient was injured on 09/23/2012 and presents with low back pain which radiates to both lower extremities, worse on the right posterior leg. The request is for NUCYNTA ER 200 mg #30. The RFA is dated 11/14/2014, and the patient is on sedentary work only. The patient has been taking Nucynta as early as 07/23/2014. MTUS Guidelines pages 88 and 89 state, "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior) as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work, and duration of pain relief. On 07/23/2014, the patient rates her pain as a 10/10 without medications and a 9/10 with medications. "Medications tend to slightly improve her pain." The 09/16/2014 report indicates that the patient rates her pain as a 10/10 without medications and an 8/10 with medications. "We discussed that her medication, Nucynta ER, has been significantly helpful... We have urine toxicology from 08/19/2014, which has confirmed consistent with medication being prescribed. We have a CURES report, which is also consistent." Although the treater provides pain scales describing before-and-after medication usage to document analgesia, there is no discussion provided regarding specific ADL changes, or changes in work status showing significant functional improvement. No side effects are mentioned either. No outcome measures are documented as required by MTUS. In this case, the treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Nucynta IS NOT medically necessary.