

<b>Case Number:</b>	CM14-0203479		
<b>Date Assigned:</b>	12/16/2014	<b>Date of Injury:</b>	05/29/2007
<b>Decision Date:</b>	03/11/2015	<b>UR Denial Date:</b>	11/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/05/2014

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 55 year old male sustained an industrial related injury on 05/29/2007 while picking up dairy cases weighing 25 lbs. The results of the injury included a powerful electrical shock sensation shooting down the back and acute onset of low back pain. Per the progress report (PR) dated 10/27/2014, the injured worker complained of pain rated 6/10 with the use of medications. Objective findings included decreased gait, decreased range of motion (ROM) active and passive, positive paravertebral spasm, and positive gait disturbance. The hand written portion of this evaluation was illegible and offered limited information. Current diagnoses include thoracic herniated disc, thoracic sprain/strain, cervical sprain/strain, chronic pain, upper extremity radiculopathy, and anxiety and depression. Treatment noted to date has included physical therapy, medications, and psychological evaluations. Diagnostic testing has included: MRI of the thoracic spine (06/11/2007) revealing multilevel degenerative disc disease with disc protrusion at T6-T7, T8-T9, T9-T10, T11-T12 and T3-T4; MRI of the cervical spine (12/06/2007) revealing no abnormal findings; MRI of the thoracic spine (09/09/2008) revealing multilevel spondylosis without significant spinal or foraminal stenosis as well as previous findings; left thigh muscle biopsy (11/2008); electrophysiological studies of the upper extremities (11/2008) showing no abnormalities; EMG of the lower extremities (08/16/2005) revealing abnormal findings in the bilateral lower extremities and normal paraspinal exam; electrodiagnostic studies (06/30/2008) of unknown areas but with normal findings; MRI of the cervical spine (11/08/2005) revealing moderate degenerative changes at c4-C5 through C7-T1 facet joints; x-ray of the cervical spine (10/24/2005) revealing normal findings; MRI of the

lumbar spine (10/19/2005) revealing L3-L4 2 mm broad-based disk bulging, L4-L5 4 mm broad-based disk bulging, and L5-S1 2 mm broad-based disk bulging; x-ray of the lumbar spine (06/03/2005) revealing mild spondylosis of the lower thoracic spine; x-ray of the left shoulder (06/19/2002) with normal findings; and MRI of the right shoulder (07/01/1998) revealing mild tendinosis of the rotator cuff without tear, mild bony spurring at the AC joint and small degenerative subchondral cyst in the lateral aspect of the humeral head. The Nucynta was requested for the treatment of chronic pain. Treatments in place around the time the Nucynta 50 mg #120 was requested included use of a cane for ambulation, and medications (including Lyrica, Ativan, Wellbutrin XL, Celebrex, brintellix and Nucynta. The injured worker's pain was decreased since PR dated 04/09/2014. There was insufficient assessments of functional deficits to determine if there were any changes. Activities of daily living were unchanged and work status remained as permanent and stationary disabled. Dependency on medical care was unchanged. On 11/05/2014, Utilization Review modified a prescription for Nucynta 50 mg #120 which was requested on 11/03/2014. The Nucynta 50 mg #120 was modified to Nucynta 50 mg #60 based on a trial period for benefit of use with further use or additional quantities dependent on documentation of benefit at the next evaluation. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the non-certification of Nucynta 50 mg #60.

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

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

**Nucynta 50 mg #120:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76 and 78.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4s' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Regarding therapeutic trial of opioids, questions to ask prior to starting therapy include "(a) Are there reasonable alternatives to treatment, and have these been tried? (b) Is the patient likely to improve? (c) Is there likelihood of abuse or an adverse outcome?" The MTUS is silent on the use of Nucynta specifically. With regard to tapentadol (Nucynta), the ODG states: "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior

gastrointestinal tolerability profile and fewer treatment discontinuations." The documentation submitted for review indicates that the injured worker had used Norco in the past without much benefit and with issues with constipation. Prior use of Butrans was not authorized. The UR physician contacted the provider and 50mg #60 was agreed upon as a trial per 11/5/14 teleconference. The request is medically necessary for the injured worker's 6/10 pain.