

<b>Case Number:</b>	CM14-0208384		
<b>Date Assigned:</b>	12/23/2014	<b>Date of Injury:</b>	04/08/2004
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	11/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/12/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 is a 45 year old male patient who sustained a work related injury on 8/4/2004. Patient sustained the injury when he was pulling a package. The current diagnoses include low back pain, lumbar radiculopathy, lumbar spinal stenosis and chronic pain syndrome. Per the doctor's note dated 11/14/14, patient has complaints of low back pain which radiates to the right leg at 10/10 without the pain medications and 8/10 with the pain medications. Physical examination revealed straight leg raising positive on the right and negative on the left, 4/5 for the right lower extremity, decreased light touch all throughout the right leg and, ambulates independently with a standard cane with an antalgic gait. The medication lists include Norco, Butrans, and morphine sulfate, gabapentin and naproxen. The patient has had a MRI of the low back on September 9, 2011, that revealed L5-S1 collapse, facet weakness, foraminal compression and neural foraminal narrowing. The patient has had had received injections of ketorolac and hydromorphone. The patient's surgical history includes back surgery in 2006. The patient has received an unspecified number of PT visits for this injury. Patient was using a home TENS (transcutaneous electrical neural stimulation) unit. The urine screen of 3/14 was compliant. The last urine toxicology testing was done on 8/12/14 and the results were consistent with the pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 150 milligrams, #60:** Overturned

**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 Central acting analgesics; Opioids for neuropathic pain Page(s): 75, 82.

**Decision rationale:** Nucynta, is a centrally acting analgesic with a dual mode of action as an agonist of the  $\mu$ -opioid receptor and as a norepinephrine reuptake inhibitor. It is similar to tramadol in its dual mechanism of action According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Nucynta use is recommended for treatment of episodic exacerbations of severe pain. The current diagnoses include low back pain, lumbar radiculopathy, lumbar spinal stenosis and chronic pain syndrome. Per the doctor's note dated 11/14/14, patient has complaints of low back pain, which radiates to the right leg at 10/10 without the pain medications and 8/10 with the pain medications. Physical examination revealed straight leg raising positive on the right and negative on the left, 4/5 for the right lower extremity, decreased light touch all throughout the right leg and, ambulates independently with a standard cane with an antalgic gait. The patient has had MRI of the low back on September 9, 2011 that revealed L5-S1 collapse, facet weakness, foraminal compression and neural foraminal narrowing. The patient's surgical history include back surgery in 2006. Patient is already taking a NSAID. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having Nucynta available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Nucynta ER 150 milligrams, #60is deemed as medically appropriate and necessary.