

<b>Case Number:</b>	CM14-0208867		
<b>Date Assigned:</b>	12/22/2014	<b>Date of Injury:</b>	09/24/2009
<b>Decision Date:</b>	02/13/2015	<b>UR Denial Date:</b>	12/10/2014
<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. The expert reviewer is Board Certified in Physical Medicine Rehab, has a subspecialty in Pain Medicine 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 67-year-old male with an original date of injury of September 24, 2009. The industrial diagnoses include chronic neck pain, cervical disc protrusions, cervical radiculopathy, cervical degenerative disc disease, cervical facet joint arthropathy, and there is a history of cervical fusion from C4 through C6 levels. The patient has had conservative treatment with pain medications, activity restriction, epidural injections, and physical therapy. The current disputed request is for Nucynta with two refills. The documents indicate that Nucynta is helping to decrease the pain 60% and improving the patient's activities of daily living. Urine drug screens have been consistent. There was no indication of aberrant behavior. The rationale for the modification of the medication was that there was "no clinical indication for the two refills requested since periodic evaluation is necessary."

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #90 with 2 refills:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75-80.

**Decision rationale:** With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with 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 '4 A's' (analgesia, activities of daily living, adverse side effects, and 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." In the progress reports available for review, these 4 domains were monitored. The submitted documents indicate that Nucynta is helping to decrease the pain 60% and improving the patient's activities of daily living. Urine drug screens have been consistent. There was no indication of aberrant behavior. However, Nucynta is a controlled substance that is schedule 2. As such, there are no refills allowed for this narcotic pain medication. The standard of care in pain management is to follow the patient at regular frequent intervals and to continue monitoring the 4 A's. Therefore, the original request is not medically appropriate.