

<b>Case Number:</b>	CM15-0008364		
<b>Date Assigned:</b>	01/23/2015	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	03/13/2015	<b>UR Denial Date:</b>	01/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/14/2015

### 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, Illinois

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### 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 48 year old female, who sustained an industrial injury on 11/15/2011. The diagnoses have included complex regional pain syndrome of the lower extremities, plantar fasciitis, myofascial pain of the lower extremities, left trapezius pain, left shoulder subacromial bursitis/rotator cuff tendonitis, depression and anxiety. Treatment to date has included physical therapy, a functional restoration program, Nucynta, Lyrica, Omeprazole, Doc-Q-Lace, Escitalopram, Abilify, Lorazepam, Ibuprofen, Norco, and Celebrex; Epidural Steroid injection. According to a progress report dated 12/2/2014, the injured worker continued to complain of severe pain in both of her legs. She reported that her medications were very helpful in managing her symptoms. Objective findings revealed that the injured worker continued to rely heavily on her single point cane; her gait was very slow and antalgic. She had no benefit from previous lumbar sympathetic blocks or epidurals in the past. Documentation indicated that Nucynta and Lyrica seemed to provide the injured worker with some level of relief without side effects. The physician treatment plan included a tapering schedule for Nucynta, Lyrica and Norco. On 1/12/2015, Utilization Review (UR) non-certified a request for Nucynta ER 100mg two by mouth twice a day and Nucynta ER 50mg one by mouth at bedtime and Lyrica 200mg one by mouth twice a day, noting that there were no reports describing symptoms, findings, treatment and response to the requested medications. The MTUS was cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 100mg 2 by mouth twice a day #120:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81. Decision based on Non-MTUS Citation Pain (Chronic)

**Decision rationale:** The injured worker sustained a work related injury on 11/15/2011 have included complex regional pain syndrome of the lower extremities, plantar fasciitis, myofascial pain of the lower extremities, left trapezius pain, left shoulder subacromial bursitis/rotator cuff tendonitis, depression and anxiety. Treatment to date has included physical therapy, a functional restoration program and pain medications. The medical records provided for review do not indicate a medical necessity for Nucynta ER 100mg 2 by mouth twice a day #120. The available records indicate she has been using this medication since 07/2014; but there has been no detailed documentation of improvement with pain and functional improvement(the records stated there has been improvement in these area, but the extent of her improvement were not documented). Also, the records do not indicate she is being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as is recommended by MTUS. Furthermore, the MTUS recommends opioid should be used for short term treatment of chronic pain, as the research for long chronic pain use has been limited to 70 days. The Official Disability Guidelines recommend this medication only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The requested treatment is not medically necessary and appropriate.

**Nucynta ER 50mg 1 by mouth at bedtime #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78-81. Decision based on Non-MTUS Citation Pain(Chronic)

**Decision rationale:** The injured worker sustained a work related injury on 11/15/2011 have included complex regional pain syndrome of the lower extremities, plantar fasciitis, myofascial pain of the lower extremities, left trapezius pain, left shoulder subacromial bursitis/rotator cuff tendonitis, depression and anxiety. Treatment to date has included physical therapy, a functional restoration program and pain medications. The medical records provided for review do not indicate a medical necessity for Nucynta ER 50mg 1 by mouth at bedtime #30. The available records indicate she has been using this medication since 07/2014; but there has been no detailed documentation of improvement with pain and functional improvement(the records stated there has been improvement in these area, but the extent of her improvement were not documented). Also, the records do not indicate she is being monitored for analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, as is recommended by MTUS.

Furthermore, the MTUS recommends opioid should be used for short term treatment of chronic pain, as the research for long chronic pain use has been limited to 70 days. The Official Disability Guidelines recommend this medication only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The requested treatment is not medically necessary and appropriate.

**Lyrica 200mg 1 by mouth twice a day #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy drugs (AEDs).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-19.

**Decision rationale:** The injured worker sustained a work related injury on 11/15/2011. Have included complex regional pain syndrome of the lower extremities, plantar fasciitis, myofascial pain of the lower extremities, left trapezius pain, left shoulder subacromial bursitis/rotator cuff tendonitis, depression and anxiety. Treatment to date has included physical therapy, a functional restoration program and pain medications. The medical records provided for review do not indicate a medical necessity for Lyrica 200mg 1 by mouth twice a day #60. The records reviewed did not quantify the level of improvement. The MTUS criterion for continued use of the antiepileptic for treating neuropathic pain is at least evidence of at least 30% improvement during use.