

<b>Case Number:</b>	CM15-0100843		
<b>Date Assigned:</b>	06/03/2015	<b>Date of Injury:</b>	05/20/2002
<b>Decision Date:</b>	07/09/2015	<b>UR Denial Date:</b>	05/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: California  
 Certification(s)/Specialty: Emergency 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 55-year-old male, who sustained an industrial injury on 5/20/2002. The current diagnoses are status post L2-L3 disc replacement surgery, lumbar disease, lumbar radiculopathy, status post L4-L5 artificial disc displacement, and chronic pain. According to the progress report dated 4/16/2015, the injured worker complains of lumbar spine and bilateral leg pain with associated numbness in the right leg. The pain is rated 8/10 on a subjective pain scale. The physical examination of the lumbar spine reveals abnormal lumbar lordosis, tenderness to palpation with spasms and guarding over the paraspinal muscles, facet tenderness to palpation at L3 through S1 levels, restricted range of motion, and positive straight raise leg test bilaterally. The current medications are Fentanyl patches, Nucynta, Flexeril, and Gabapentin. Treatment to date has included medication management, back brace, physical therapy, TENS unit, bilateral L4-L5 selective nerve root block, and surgical intervention. The plan of care includes prescription refill for Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #120:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta.

**Decision rationale:** The requested Nucynta 50mg #120, is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is "Not recommended, but only Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids." The injured worker has lumbar spine and bilateral leg pain with associated numbness in the right leg. The pain is rated 8/10 on a subjective pain scale. The physical examination of the lumbar spine reveals abnormal lumbar lordosis, tenderness to palpation with spasms and guarding over the paraspinal muscles, facet tenderness to palpation at L3 through S1 levels, restricted range of motion, and positive straight raise leg test bilaterally. The treating physician has not documented failed trials of first-line opiates, or objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Nucynta 50mg #120 is not medically necessary.