

<b>Case Number:</b>	CM15-0109331		
<b>Date Assigned:</b>	06/15/2015	<b>Date of Injury:</b>	11/12/2008
<b>Decision Date:</b>	07/20/2015	<b>UR Denial Date:</b>	05/05/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/05/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 37-year-old female, with a reported date of injury of 11/12/2008. The diagnoses include right foot hairline fracture, muscle spasm, unspecified myalgia and myositis, reflex sympathetic dystrophy of the lower limb, and pain in the ankle/foot joint. Treatments to date have included oral medications. The pain management re-evaluation/follow-up visit dated 04/30/2015 indicates that the injured worker noted that she fractured her right ankle while walking in the park. She continued to have left foot and ankle pain. It was noted that the medications work well and her sleep quality was poor due to severe pain. The injured worker also complained of left hip burning pain that would radiate up to her back. She had been out of medications for a few days and was in severe pain. The injured worker noted that without her pain medications, her functioning was significantly decreased in terms of her ability to carry on her activities of daily living. The average pain rating since her last visit was 9 out of 10 and her functional level since the last visit was 9-10 out of 10. The injured worker denied new nausea, vomiting due to pain, diarrhea, or constipation. The physical examination showed ongoing pain in the left foot with swelling and radiating pain to the left back; color and temperature changes of the left lower extremity; left ankle/foot pain due to complex regional pain syndrome; allodynia with color changes; an antalgic gait; purple and swollen toes; and use of a cane. The treating physician requested Oxycodone 10mg #120 and Nucynta ER (extended-release) 150mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycodone tab 10mg day supply: 30 qty: 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120.

**Decision rationale:** Regarding the request for oxycodone, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested oxycodone is not medically necessary.

**Nucynta ER tab 150mg day supply: 30 QTY: 60.00:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, and 120. Decision based on Non-MTUS Citation ODG: Pain, Tapentadol (Nucynta).

**Decision rationale:** Regarding the request for Nucynta ER, California MTUS does not address Nucynta specifically but they do address opioid use. ODG state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta ER is not medically necessary.