

<b>Case Number:</b>	CM15-0136241		
<b>Date Assigned:</b>	07/24/2015	<b>Date of Injury:</b>	04/01/2008
<b>Decision Date:</b>	08/20/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/14/2015

### 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: North Carolina

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:

The injured worker is a 65 year old male who sustained an industrial injury on 04/01/2008. The injured worker was diagnosed with post lumbar laminectomy syndrome, degeneration of lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. The injured worker has a history of hypertension, diabetes mellitus and cerebral vascular accident in January 2013 with speech residual and currently on Aspirin. The injured worker is status post lumbar surgery times four with the latest surgery on June 2, 2014 for an anterior/posterior L2-S1 fusion. Treatment to date has included diagnostic testing with recent lumbar X-rays on April 27, 2015, surgery, physical therapy, home exercise program, lumbar brace, ice/heat, right foot compression sock and medications. According to the treating physician's progress report on April 27, 2015, the injured worker was 10 months post decompression and fusion with instrumentation and was doing well. Left foot drop had resolved and radicular symptoms were much improved. The injured worker continues with a persistent right foot drop and strength of 3/5 which was unchanged. Radiographic films noted a solid fusion. According to the primary treating physician report on April 2, 2015, the injured worker had new onset right foot and ankle swelling and pain for 3 weeks with negative Computed Tomography (CT) and vascular studies. The examination of the lumbar spine noted no tenderness to palpation and negative seated straight leg raise bilaterally. Gait was slow and guarded with normal toe walk. The injured worker was unable to perform heel walk due to right foot drop. Range of motion was documented as flexion at 70 degrees, extension at 15 degrees, right lateral flexion 20 degrees with pain and left lateral flexion at 20 degrees. There was diminished sensation and motor strength of the bilateral lower extremities and feet with 3 plus right ankle edema and 1 plus left

ankle edema. Patellar and ankle reflexes were noted as 1+ bilaterally. Current medications are listed as Lyrica, Nucynta, Naproxen, Aspirin, Gabapentin, Lidoderm topical analgesic and Omeprazole. Urine drug screening collected in December 2014 was consistent for prescribed medications and positive for ethyl alcohol. Treatment plan consists of continuing with activity and increasing as tolerated, home exercise program, ice to low back, lumbar brace, physical therapy for the right foot, compression sock to right foot, medication regimen and the current request for Nucynta 75mg.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **NARC Medication Nucynta 75mg #80: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 76-84.

**Decision rationale:** The California chronic pain medical treatment guidelines section on opioids states for ongoing management: On-Going Management. Actions Should Include: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: 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 non-adherent) 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. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the patient should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. When to Continue Opioids (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-

AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function. Therefore all criteria for the ongoing use of opioids have not been met and the request is not certified. Therefore, the requested treatment is not medically necessary.