

<b>Case Number:</b>	CM15-0140595		
<b>Date Assigned:</b>	07/30/2015	<b>Date of Injury:</b>	09/07/2006
<b>Decision Date:</b>	08/27/2015	<b>UR Denial Date:</b>	07/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/20/2015

### 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: Physical Medicine & Rehabilitation, Pain Management

### 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 35 year old male, who sustained an industrial injury on 9-7-06. He reported pain in his lower back. The injured worker was diagnosed as having chronic low back pain with bilateral lower limb radiculitis following L5-S1 fusion on 8-10-10, spasticity lower limbs following back surgery, insomnia and depression and status post lumbar fusion revision on 7-28-11. Treatment to date has included physical therapy, psychiatric treatments and several x- rays and MRIs. Current medications include OxyContin, Xanax, Gralise, Zofran, Prilosec, Orphenadrine, Elavil, Requip and Nucynta since at least 1-16-14. On 3-12-15 the treating physician noted a positive straight leg raise test on the right at 40 degrees, lumbar flexion 20 degrees and extension 10 degrees. As of the PR2 dated 7-8-15, the injured worker reports moderate to severe continuous pain in his back and legs, right worse than left. He rates his pain a 6 out of 10 with medications and an 8-10 out of 10 without medications. Objective findings include lumbar flexion 20 degrees, extension 10 degrees and a positive straight leg raise test on the right at 40 degrees. The treating physician requested to continue Nucynta 100mg #150 and Requip 0.5mg #60. Notes indicate that the patient has trouble functioning without his current pain medication regimen. He has reduced OxyContin by 50% since his 1st evaluation and is now within 120 MED. Further narcotic production has caused loss of function. He has no adverse reactions reported, no aberrant behavior, and good analgesia from the current medications. He has had consistent urine drug screens.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127.

**Decision rationale:** Regarding the request for Nucynta 100mg #150, California Pain Medical Treatment Guidelines note that it 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 indication that the medication is improving the patient's function and pain with no intolerable side effects or aberrant use, and the patient is noted to undergo monitoring. In light of the above, the currently requested Nucynta 100mg #150 is medically necessary.

**Requip 0.5mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation [http://ur.gsk.com/producuts/assets/us\\_requip.pdf](http://ur.gsk.com/producuts/assets/us_requip.pdf).

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Stress, Atypical Antipsychotics.

**Decision rationale:** Regarding the request for Requip, California MTUS and ACOEM do not contain criteria for this medication. ODG states that atypical antipsychotics are not recommended as a first-line treatment. They state that adding an atypical antipsychotic to an antidepressant provides limited improvement in depressive symptoms in adults, new research suggests. In addition, it is not certain that these drugs have a favorable benefit-to-risk profile. Additionally, Requip is indicated for the treatment of restless leg syndrome. Within the documentation available for review, there is no indication that the patient has restless leg syndrome, and no description as to how the patient has responded to treatment with this medication. As such, the currently requested Requip is not medically necessary.