

<b>Case Number:</b>	CM15-0146191		
<b>Date Assigned:</b>	08/07/2015	<b>Date of Injury:</b>	04/30/1999
<b>Decision Date:</b>	09/24/2015	<b>UR Denial Date:</b>	07/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/28/2015

### 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

### 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 female who sustained an industrial injury on 04-30-1999. On 05-20-2015, the injured worker was seen at an Urgent Care for mid lower back and right lower back pain. Pain was rated 10 on a scale of 1-10. She had a history of complex regional pain syndrome and had developed a flare up of pain. Allergies included Morphine, steroids and Vicodin. She was scheduled to see a pain specialist in four hours. Treatment included Dilaudid and Phenergan. According to a progress report dated 05/20/2015, the injured worker reported being in the Emergency Department secondary to a severe flare up of complex regional pain syndrome. She had increased pain level and anxiety. She needed assistance with washing, cleaning house, yard work and grocery shopping. She felt challenged by walking, sitting, sleeping and driving. Average pain was rated 8 on a scale of 0-10. Pain with medications was rated 8 and pain without medications was rated 10. She stated that she felt sick. Objective findings included right toes warm, left mild erythema and rubor right shin. The injured worker was in distress. The provider noted that the injured worker was emotionally reverting to an emotional state that was seen during past flares. Diagnoses included complex regional pain syndrome flare. The provider noted Nucynta IR for severe pain. On 06/05/2015, the provider noted that the injured worker had responded well to Nucynta. The flare was settled. Average pain was 8-9. Pain with medications was 6-7 and without medications was 9-10. The provider noted "4 tabs day during flare and out for a week and pain diminished". She looked much better than last month. The treatment plan included Nucynta for one month. According to a progress report dated 07/03/2015, the injured worker was seen for a follow up. Average pain was rated 9. Pain with medications was rated 7-8 and without medications was rated 9-10. She needed

assistance lifting, house cleaning, driving and washing hair. She felt challenged by walking and sitting for long periods of time. Obstacles preventing her from working were limitations due to complex regional pain syndrome. There were no adverse effects from medications. Currently under review is the request for Nucynta IR 50 mg #120.

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

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

**Nucynta IR 50mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain CRITERIA FOR USE OF OPIOIDS Page(s): 60, 61, 76-78, 88,89.

**Decision rationale:** The patient presents with back pain rated 9-10/10 without and 7-8/10 with medications. The request is for NUCYNTA IR 50MG #120. The request for authorization is not provided. Patient went to Urgent Care on 05/20/15, for flare up of back pain. Patient has a history of CRPS, developed a flare up, and is now progressively worsening. Physical examination on 06/05/15, treater notes, "Pt looks much better than last month." No additional information. Patient has been attending therapy, but is not doing prescribed exercises at home due to pain, cramping and stiffness. Patient states she needs assistance with lifting, house cleaning, driving and washing hair. Per progress report dated 07/03/15, the patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Per progress report dated 07/03/15, treater's reason for the request is "Nucynta works ok. No SE's." Patient was initially prescribed Nucynta on 05/20/15. Per progress report dated 06/05/15, treater states, "CRPS - responded well to Nucynta the flair settled." In this case, MTUS requires appropriate discussion of the 4A's; however, in addressing the 4A's, treater does not discuss how Nucynta significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia is discussed, specifically showing pain rating reduction from 9-10/10 with to 7-8/10 with use of Nucynta. No validated instrument is used to show functional improvement. There is documentation and discussion regarding adverse effects, but no documentation or discussion on aberrant drug behavior. No UDS CURES or opioid contract was provided for review. Some but not all of the 4A's have been addressed as required by MTUS; the request does not meet guidelines indication for Nucynta. Therefore, the request IS NOT medically necessary.

