

<b>Case Number:</b>	CM15-0149760		
<b>Date Assigned:</b>	08/13/2015	<b>Date of Injury:</b>	04/24/2010
<b>Decision Date:</b>	09/30/2015	<b>UR Denial Date:</b>	07/23/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/03/2015

### 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: Texas, Florida

Certification(s)/Specialty: Anesthesiology, 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 39 year old, female who sustained a work related injury on 4-24-10. The diagnoses have included lumbar degenerative disc disease, herniated nucleus pulposus, reactive depression and anxiety secondary to chronic pain issues. Treatments have included oral medications, pain patches, chiropractor treatments, physical therapy, home exercises, facet rhizotomies, and ice therapy. In the PR-2 dated 7-17-15, the injured worker reports low back pain with spasms. She rates the pain level a 5 out of 10 with medications. She is able to walk one to two blocks with medications. She states the medications help reduce her pain by 50%. She can sit for 45 minutes and stand for 15 minutes with medications. She states she "wants to get off of pain medications, fearful of dependence, addiction and difficulty coping with chronic pain." On physical exam, she has lumbar spine flexion to 60 degrees and extension to 10 degrees. She has pain with range of motion of lumbar spine. She has tenderness to left L1-L4 paravertebral muscles with spasm. She has positive bilateral leg raises at 60 degrees. There is no current documentation of her working status. The treatment plan includes refills of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100 mg Qty 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain-Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short-term treatment of exacerbation of musculoskeletal pain when treatment with standard NSAIDS, non opioid co-analgesic and PT have failed. The chronic use of opioids can be associated with the development of tolerance, sedation, dependency, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The records did not show that the patient failed treatment with NSAIDs or non-opioid antidepressant and anticonvulsant co-analgesics. The patient had requested that the high dose opioids be discontinued. The guidelines noted that Nucynta be reserved as second line opioid for patients who are resistant or cannot tolerate first line opioid medications. The guidelines recommend that patients on high dose opioids be referred to Pain Programs or Addiction Centers for safe weaning. The criteria for the use of Nucynta 100mg Qty 120 was not met. Therefore, the request is not medically necessary.

**Fentanyl Patches 25 mics, Qty 10:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): s 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Opioids.

**Decision rationale:** The CA MTUS and the ODG guidelines recommend that opioids can be utilized for short term treatment of exacerbation of musculoskeletal pain when treatment with standard NSAIDS, non opioid co-analgesic and PT have failed. The chronic use of opioids can be associated with the development of tolerance, sedation, dependency, addiction, opioid induced hyperalgesia and adverse interaction with sedative medications. The records did not show that the patient failed treatment with NSAIDs or non opioid antidepressant and anticonvulsant co-analgesics. The patient had requested that the high dose opioids be discontinued. The guidelines noted that Fentanyl patch should be reserved as second line opioid for patients who are resistant or cannot tolerate first line opioid medications. The guidelines recommend that patients on high dose opioids be referred to Pain Programs or Addiction Centers for safe weaning. The criteria for the use of Fentanyl patch 25mcg Qty 10 was not met. Therefore, the request is not medically necessary.