

<b>Case Number:</b>	CM15-0168659		
<b>Date Assigned:</b>	09/09/2015	<b>Date of Injury:</b>	05/13/1997
<b>Decision Date:</b>	10/08/2015	<b>UR Denial Date:</b>	08/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2015

### 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: Arizona, California

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 53-year-old male who sustained an industrial injury on 05-13-1997. He reported pain in his right knee, neck, back, shoulders and legs. Treatment to date has included 3 knee surgeries, lumbar epidural steroid injections, physical therapy, anterior lumbar spine surgery, trigger point injections, acupuncture and medications. Documentation shows that the injured worker had electrodiagnostic studies on 06-17-2014 and showed right carpal tunnel syndrome, left carpal tunnel syndrome and chronic neuropathic changes bilaterally at C5-C6 indicating a cervical radiculopathy. Electrodiagnostic studies on 06-20-2014 showed chronic neuropathic bilateral L5-S1 neuropathy and radiculopathy. According to a progress report dated 08-11-2015, the injured worker reported burning pain in the lumbar spine. Pain level was 8-9 on a scale of 1-10. He also reported having a lot of constant pain from neck to both feet. He was icing and elevating his feet, which helped with pain. He was not able to do any twisting motion due to reports of voltage like feeling going thru his body. He was taking Norco 4 times a day and trying to "space out". He reported that any prolonged position hurt and nothing seemed to help with his pain. Objective findings included "patient reports pain at L3-S1, bilateral paravertebral muscle and bilateral posterior superior iliac spine. Diagnoses included sciatic nerve irritation lumbar spine and radiculopathy lumbar spine. A prescription was given to the injured worker for Lyrica 200 mg #90, Norco 10-325 mg #120, Soma 350 mg #30, Nucynta ER 50 mg #60 and Naprosyn 500 mg # 60. He was to return to modified worker on 08-11-2015 restrictions including sedentary work only, no gunshot qualifications. On 08-21-2015, Utilization Review authorized the request for 90 Lyrica 200 mg and 120 Norco 10-325 mg and non-certified the

request for 60 Nucynta ER 50 mg. Documentation submitted for review shows continual use of Nucynta ER dating back to 02-03-2015. Urine toxicology screens were not submitted for review.

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

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

**60 Nucynta ER 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter - Nucynta 126.

**Decision rationale:** According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, there was no mention of weaning or trial of alternate non-opioids. In addition, pain scores reductions were not noted to justify the Nucynta. The claimant was on Norco as well as Soma without indication of intolerance. Nucynta is not medically necessary.