

<b>Case Number:</b>	CM15-0185143		
<b>Date Assigned:</b>	09/25/2015	<b>Date of Injury:</b>	08/09/2010
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/21/2015

### 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: Florida, New York, Pennsylvania  
 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 52 year old male, who sustained an industrial injury on 8-9-2010. A review of the medical records indicates that the injured worker is undergoing treatment for upper lumbar pain, mid and left sided thoracic pain, chronic left shoulder pain status post left shoulder arthroscopic repair in 2013 with a MRI from 2012 showing a full thickness supraspinatus tear, neck pain, and chronic low back pain with a MRI from 2012 showing a 6mm disc herniation to the left side at L4-L5 and L5-S1 involving the L5 and S1 nerve roots. On 8-19-2015, the injured worker reported neck, low back, and shoulder pain. The Primary Treating Physician's report dated 8-19-2015, the injured worker reported Percocet had brought his pain from about an 8 out of 10 to a 4 out of 10, as did the previous use of Norco. The injured worker's current medications were listed as Amitriptyline, Colace, Percocet, and Nucynta ER. The physical examination was noted to show tenderness to palpation on the lumbar paraspinal muscles with positive straight leg raise. Prior treatments have included at least 6 sessions of acupuncture, at least 12 sessions of physical therapy, and medications including Norco, Relafen, Trazodone, Colace, and Zanaflex. The treatment plan was noted to include prescriptions for Nucynta, prescribed as a trial on 8-19-2015, and Colace, prescribed since at least January 21, 2014. The Primary Treating Physician's report dated 6-24-2015, noted the injured worker was able to be more active with medications, able to do some light household chores and yard work, not able to do the activities without medications. The injured worker's medications were listed as Norco, Duragesic patch, Amitriptyline, and Colace. The injured worker was noted to have a signed pain contract, with a urine drug screen (UDS) on 10-14-2014 noted to be consistent. The injured worker's narcotic medication was noted to be constipating with Colace helping. The

request for authorization dated 8-27-2015, requested Nucynta 100mg #60 and Colace 250mg #90 with 1 refill. The Utilization Review (UR) dated 9-9-2015, non-certified the requests for Nucynta 100mg #60 and Colace 250mg #90 with 1 refill.

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

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

#### **Nucynta 100mg #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Introduction, Opioids (Classification), Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Weaning of Medications. Decision based on Non-MTUS Citation Epocrates, Accessed 10Nov15 re Nucynta.

**Decision rationale:** The date of injury (DOI) is reported as 9Aug10. The member had undergone rotator cuff repair and an A/C decompression. A consultant report from 31Aug15 noted that there variable physical findings throughout the examination. Additionally the reported exquisite pain with light touch was unable to be explained in the context of the members reported injuries and interventions. This provider recommended discontinuing Norco and reported that the member was not a surgical candidate. A review the primary treating physicians notes indicated that as narcotic analgesic requests were denied after Utilization Review new medication requests were made as alternative options. This included Norco and Fentanyl, on to Percocet and then Nucynta. Norco had been reported to reduce the member's pain from 8/10 to 4/10. This would allow the member to participate in 20 minutes of stationary bike riding followed by a 30-minute walk and the ability to accomplish light household chores. The member's activity level has remained unchanged, he has not returned to work, and the notes do not provide any objective evidence of functional improvement on physical examination. Nucynta (Tapentadol) is not explicitly covered by the MTUS. It binds to the mu opioid receptors, inhibits norepinephrine, and represents a central opioid agonist. It is recommended that it be reserved for use in patients with no treatment alternatives. It has been known to produce life threatening respiratory depression. Of note a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids, for long-term use, cannot be supported as there is a lack of evidence to allow for a treatment recommendation. A meta-analysis found that opioids were more effective than placebo for reducing pain intensity but the benefit for physical function was small and was considered questionable for clinical relevance. Opioids can be recommended on a trial basis for short-term use after there has been evidence of failure of first-line medication options such as acetaminophen or NSAIDs when there is evidence of moderate to severe pain. They would be used in conjunction with these medications rather than as a replacement as in this case. If chronic use is entertained continuation would be best assessed on the basis of a return to work with objective evidence for improved functioning and reduced pain. The member reports pain reduction in pain from 8/10 to 4/10 which allows participation in some ADL's but not a return to work. Weaning of opioid

analgesics is recommended if there is no overall objective improvement in function, unless there are extenuating circumstances. There is no evidence that the member could not tolerate other opioid medications or did not benefit from their use. There were no apparent extenuating circumstances reported and no evidence across the notes to support objective functional improvement. Therefore the request is not medically necessary.

**Colace 250mg #90 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Up-to-date Accessed 7Nov 15 - Management of Constipation with Opioid Use.

**Decision rationale:** All patients with predisposing factors (eg, advanced age, immobility, poor diet, intraabdominal pathology, neuropathy, hypercalcemia, concurrent use of other constipating drugs) should be considered for prophylactic laxative therapy when opioid treatment is initiated. Conventionally, this is accomplished with a contact cathartic (eg, senna 2 tablets at bedtime) with or without a stool softener (eg, docusate 100 mg orally twice daily) or daily administration of an osmotic laxative (eg, lactulose 30 ml daily or polyethylene glycol two tablespoons daily). Prevention is certainly preferable to initiation of action after the development of constipation. In this circumstance had the recommendation been made to authorize the use of Nucynta then the Colace would have been authorized. Since in this case the recommendation supports the UR Non-Cert decision for Nucynta then there remains no purpose in supporting the authorization for Colace and the UR Non-Cert for Colace is also supported. The request is not medically necessary.