

<b>Case Number:</b>	CM15-0186519		
<b>Date Assigned:</b>	09/28/2015	<b>Date of Injury:</b>	09/20/1991
<b>Decision Date:</b>	11/03/2015	<b>UR Denial Date:</b>	08/24/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/22/2015

### 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 9-20-1991. A review of the medical records indicates that the injured worker is undergoing treatment for chronic lower back pain, lumbosacral degenerative disc disease, chronic pain syndrome, severe thoracolumbar kyphosis, opioid dependence, and upper back and neck pain due to lower back pain. On 8-13-2015, the injured worker reported chronic lower back pain with headaches and painful legs. The Treating Physician's report dated 8-13-2015, noted the injured worker reported attending physical therapy with one session remaining, which helped immensely with the upper back, neck, and lower back pain. The lower back pain was rated a 6-7 out of 10, with the injured worker reporting the neuropathy in her legs was worse. The injured worker's medications were listed as Oxycodone, Gabapentin, Lamictal, Fluoxetine, Prevacid, Calcium, and Docusate and Senna. The injured worker reported the medications were helping her. The physical examination was noted to show the injured worker with an antalgic gait, severe lumbosacral kyphosis, and not exhibiting any pain behaviors or aberrant behaviors. The treatment plan was noted to include prescriptions for Oxycodone and Gabapentin, with a prescription for Nucynta to try for the following week, and physical therapy for the neck, upper back, and lower back. A request for authorization was noted to have requested eight physical therapy sessions, Oxycodone 20mg #180, and Nucynta 50mg #14. The Utilization Review (UR) dated 8-24-2015, non-certified the requests for eight physical therapy sessions, Oxycodone 20mg #180, and Nucynta 50mg #14, with subsequent Utilization Review (UR) dated 9-10-2015, approving the requests for eight

physical therapy sessions and Oxycodone 20mg #180, and continuing to non-certify the request for the Nucynta 50mg #14.

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

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

**Nucynta 50mg #14:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment, Opioids, pain treatment agreement.

**Decision rationale:** The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1991 injury without acute flare, new injury, or progressive neurological deterioration. The Nucynta 50mg #14 is not medically necessary and appropriate.