

<b>Case Number:</b>	CM15-0189031		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	12/04/2013
<b>Decision Date:</b>	11/13/2015	<b>UR Denial Date:</b>	09/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/25/2015

### 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 51 year old male who sustained an industrial injury 12-04-13. A review of the medical records reveals the injured worker is undergoing treatment for lumbar strain, chronic lumbar pain, and lumbar spondylolisthesis. Medical records reveal the injured worker complains of back pain radiating from the low back to the bilateral feet, rated at 2/0 with medications and 5/10 without medications. The physical exam (09-02-15) reveals restricted lumbar spine range of motion, limited by pain. Spasms and tenderness of the paravertebral muscles is present on palpation. Tenderness is noted over the sacroiliac spine. Sensation to pin prick is decreased over the left lateral foot. Prior treatment includes medications, physical therapy, sacroiliac joint injections (which provided 60% pain relief), facet joint injections, and epidural steroid injections. The injured worker is approved to begin a Functional Restoration Program on 09-09-15. The treating provider reports the MRI (01-02-14) shows moderate to moderately severe degree of narrowing of the central foraminal canals at L4-5. The original utilization review (09-15-15) non certified the request for Nucynta 75 mg #90 and Etololac 500mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75 mg Qty 90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The 51 year old patient complains of low back pain radiating down to posterolateral thigh and calf, and dorsum of foot and middle toes, as per progress report dated 09/08/15. The request is for Nucynta 75 mg QTY 90. The RFA for this case is dated 09/08/15, and the patient's date of injury is 12/04/13. Diagnoses, as per progress report dated 09/08/15, included lumbar radiculopathy, lumbar spinal stenosis, spondylolisthesis, and sacroiliac pain. Medications included Cyclobenzaprine, Etodolac, Nucynta, Acyclovir, Albuterol, Hydroxyzine, Indomethasone, and Allopurinol. Diagnoses, as per progress report dated 07/28/15, included somatic symptom disorder, adjustment disorder, and lumbar degenerative disc disease. The patient is not working, as per progress report dated 09/08/15. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment 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." In this case, Nucynta is first noted in progress report dated 07/15/15. Prior reports document the use of Norco. It is not clear when opioid therapy was initiated. As per progress report dated 09/08/15, medications helped reduce the pain from 5/10 to 2/10. The patient's activity level has increased, and the medications are working well without any side effects or aberrant behavior. The 08/2015, UDS is consistent. The treater also states that medications help the patient lift 10-15 lbs, walk 4 blocks, sit 60 minutes and walk 30 minutes. Medications help the patient perform household tasks such as cooking, cleaning, self-care, laundry and grocery shopping for about 30 minutes. Without medications, the patient is able to lift 5lbs, walk 1 block or less, sit 30 minutes and walk 10 minutes. The ability to perform household tasks drops to 10 minutes, as per the same report. Given the clear discussion regarding 4As, including analgesia, ADLs, aberrant behavior and adverse side effects, the request appears reasonable and is medically necessary.

**Etodolac 500 mg Qty 60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Anti-inflammatory medications.

**Decision rationale:** The 51 year old patient complains of low back pain radiating down to posterolateral thigh and calf, and dorsum of foot and middle toes, as per progress report dated 09/08/15. The request is for Etodolac 500 mg qty 60. The RFA for this case is dated 09/08/15, and the patient's date of injury is 12/04/13. Diagnoses, as per progress report dated 09/08/15, included lumbar radiculopathy, lumbar spinal stenosis, spondylolisthesis, and sacroiliac pain. Medications included Cyclobenzaprine, Etodolac, Nucynta, Acyclovir, Albuterol, Hydroxyzine, Indomethasone, and Allopurinol. Diagnoses, as per progress report dated 07/28/15, included somatic symptom disorder, adjustment disorder, and lumbar degenerative disc disease. The patient is not working, as per progress report dated 09/08/15. MTUS Chronic Pain Medical Treatment Guidelines 2009, pg 22 Anti-inflammatory medications section states: "Anti-inflammatories are the traditional first line of treatment, to reduce pain so activity and functional restoration can resume, but long-term use may not be warranted. A comprehensive review of clinical trials on the efficacy and safety of drugs for the treatment of low back pain concludes that available evidence supports the effectiveness of non-selective non-steroidal anti-inflammatory drugs (NSAIDs) in chronic LBP and of antidepressants in chronic LBP." MTUS pg60 under Medications for chronic pain also states, "A record of pain and function with the medication should be recorded," when medications are used for chronic pain. In this case, a prescription for Etodolac is first noted in progress report dated 05/27/15. Prior reports document the use of Ibuprofen. As per progress report dated 09/08/15, Etodolac is part of a medication regimen that helped reduce the pain from 5/10 to 2/10. The patient's activity level has increased. The medications are working well without any side effects or aberrant behavior. Given the documentation of efficacy, as required by MTUS page, the request appears reasonable and is medically necessary.