

<b>Case Number:</b>	CM15-0202552		
<b>Date Assigned:</b>	10/19/2015	<b>Date of Injury:</b>	07/01/2006
<b>Decision Date:</b>	11/30/2015	<b>UR Denial Date:</b>	10/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/15/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

### 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 female who sustained an industrial injury on 7-1-06. A review of the medical records indicates she is undergoing treatment for lumbar or lumbosacral disc degeneration, thoracic or lumbosacral neuritis or radiculitis, and bursitis. Medical records (9-24-15) indicate ongoing complaints of chronic pain in her lumbar spine. She reports that her pain "has increased to 7 out of 10 in the low back and left hip" since her last visit on 7-2-15. The record indicates that she has been receiving acupuncture therapy, which improved her pain "approximately 75%", having pain levels going from "7 out of 10" to "4-5 out of 10" in her low back and "6 out of 10" in her left hip and buttock at the completion of acupuncture therapy. She completed a total of 3 acupuncture treatments. The physical exam reveals restricted range of motion in the lumbar spine. Spinous process tenderness is noted on L4 and L5. Paravertebral muscles are noted to be tender to palpation bilaterally. The treating provider states "internal rotation of the femur resulted in deep buttocks pain". The straight leg raising test is negative. The effects of her symptoms on activities of daily living include difficulty with personal care, indicating that she needs "some help", but is able to manage most of her personal care. Pain prevents her from lifting heavy objects, but is able to manage light or medium weight objects if conveniently placed. She reports that she is only able to walk by using "a stick or crutches", is not able to sit in any chair for as long as she would like, is not able to stand for more than one hour, has restricted social life, difficulty traveling, and receives less than 4 hours of sleep per night. The treatment recommendation is for an extension of acupuncture for three weeks, as she was only able to complete 3 out of 6 acupuncture treatments due to a family illness. The request

for authorization (9-23-15) includes acupuncture for 3 session extension, Nucynta ER 50mg every 12 hours #60, Ambien, Butrans, Voltaren gel, Zanaflex, and Norco. The utilization review (10-2-15) indicates a request and denial of Nucynta ER 50mg #60.

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

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

**Nucynta ER 50mg #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain-Tapentadol (Nucynta).

**Decision rationale:** Nucynta ER 50mg #60 is not medically necessary per the MTUS Guidelines and the ODG. Tapentadol (Nucynta) per the ODG is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The MTUS states that opioids appears to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. The documentation indicates that the Nucynta was prescribed due to first line opioids being denied. The documentation does not indicate intolerable adverse effects with first line opioids. The MTUS does not support long term opioid use for chronic low back pain and states that opioids are minimally indicated for neuropathic pain or mechanical/compressive etiologies. Furthermore the MTUS does not support one opioid over another and prior opioids were denied due to lack of efficacy in terms of function/pain. For all of these reasons the request for Nucynta is not medically necessary.