

<b>Case Number:</b>	CM15-0206511		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	03/24/2014
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/21/2015

### 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: Massachusetts

Certification(s)/Specialty: Anesthesiology, Pain Management

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 45 year old male sustained an industrial injury on 3-24-14. Documentation indicated that the injured worker was receiving treatment for left foot Lisfranc fracture dislocation and lumbar spine herniated disc. Previous treatment included left foot fusion arthrodesis (8-5-14), physical therapy, aqua therapy, home exercise and medications. In a pain management reevaluation dated 4-20-15, the injured worker complained of low back pain with radiation down bilateral lower extremities, rated 10 out of 10 on the visual analog scale with and without medications. The injured worker also complained of frequent gastrointestinal upset and moderate constipation. The injured worker stated that none of the medications helped to relieve the pain and that his pain had recently worsened. Physical exam was remarkable for lumbar spine with tenderness to palpation to the L4-S1 area that increased "significantly" with flexion and extension, positive bilateral facet signs, decreased sensation to bilateral lower extremities, "normal" lower extremity motor exam and positive right straight leg raise and left foot with tenderness to palpation and decreased range of motion "due to pain". The physician documented that magnetic resonance imaging lumbar spine (1-7-15) showed severe degenerative disc disease at L1-2 with protruded discs at L1-2 and L2-3 and facet arthropathy at L3-4 and L4-5 with stenosis. The treatment plan included requesting epidural steroid injections at bilateral L3-5, continuing home exercise and renewing current medications (Nucynta, Gabapentin, Lidoderm patch, Celecoxib, Doxepin and Omeprazole). In a pain management reevaluation dated 9-11-15, the injured worker complained of low back pain with radiation down bilateral lower extremities, rated 8 out of 10 with and without medications. The injured worker stated that none of the medications helped relieve his

pain and that his pain had recently worsened. Physical exam was unchanged. The treatment plan included continuing home exercise and continuing current medications (Protonix, Celecoxib, Gabapentin, Doxepin, Lidoderm patch and Nucynta).

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

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

**Nucynta ER tab 100mg #30:** Upheld

**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): Opioids, criteria for use.

**Decision rationale:** According to the MTUS Chronic Pain Medical Treatment Guidelines section on Opioids, On-Going Management, p 74-97, (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the injured worker's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) (d) Home: To aid in pain and functioning assessment, the injured worker should be requested to keep a pain diary that includes entries such as pain triggers, and incidence of end-of-dose pain. It should be emphasized that using this diary will help in tailoring the opioid dose. This should not be a requirement for pain management. (e) Use of drug screening or injured worker treatment with issues of abuse, addiction, or poor pain control. (f) Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion). (g) Continuing review of overall situation with regard to non-opioid means of pain control. (h) Consideration of a consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psych consult if there is evidence of depression, anxiety or irritability. Additionally, the MTUS states that continued use of opioids requires (a) the injured worker has returned to work, (b) the injured worker has improved functioning and pain. There is no current documentation of baseline pain, pain score with use of opioids, functional improvement on current regimen, side effects or review of potentially aberrant drug taking behaviors as outlined in the MTUS and as required for ongoing treatment. Therefore, at this time, the requirements for treatment have not been met and therefore not medically necessary.

