

<b>Case Number:</b>	CM15-0208557		
<b>Date Assigned:</b>	10/27/2015	<b>Date of Injury:</b>	09/19/2005
<b>Decision Date:</b>	12/08/2015	<b>UR Denial Date:</b>	10/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/22/2015

### 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: Connecticut, California, Virginia  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 male who sustained an industrial injury on 6-19-2015 and has been treated for lumbar failed back syndrome. On 10-12-2015, the injured worker reported continuation of low back pain radiating into the bilateral lower extremities, characterized as aching, constant, radiating, sore and severe. Objective examination noted no loss of coordination. A detailed musculoskeletal and neurological assessment was not discussed in this note. Documented treatment includes L5-S1 anterior fusion in 2007; L4-5 posterior fusion 2011; physical therapy; epidural steroid injection; left carpal tunnel release 9-2015; and, he has been on "Nucynta therapy," noted for at least one year. There are no other medications noted in the current documentation. The physician states there are no drug seeking behaviors and a pain contract has been established with the injured worker, urine drug screenings are performed, and CURES reports are reviewed. The treating physician's plan of care includes Nucynta 50 mg #60, which was non-certified on 10-19-2015.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg, #60:** 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, Opioids for chronic pain, Opioids, long-term assessment, Opioids, specific drug list, Opioids, steps to avoid misuse/addiction.

**Decision rationale:** Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review reasonably non-certified the request as appropriate weaning was already previously suggested. Given the lack of clear evidence to support functional improvement on the medication and the chronic risk of continued treatment, the request for Nucynta is not medically necessary.