

<b>Case Number:</b>	CM15-0211988		
<b>Date Assigned:</b>	10/30/2015	<b>Date of Injury:</b>	04/26/1999
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2015

### 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 53 year old male, who sustained an industrial injury on 4-26-99. The documentation on 10-1-15 noted that the injured worker has complaints of back pain that radiates to the right ankle, left calf, right calf, left foot, right foot, left thigh and right thigh. Cervical spine has mild pain with motion; thoracic spine has mild pain with motion; lumbar spine range of motion has moderate pain with motion; left shoulder range of motion has mild pain with motion; left hip range of motion has moderate pain with motion and right hip range of motion has mild pain with motion. Left and right coccyx has tenderness. The diagnoses have included low back pain and thoracic or lumbosacral neuritis or radiculitis, unspecified. Treatment to date has included toradol injections; heat; implanted stimulator; laminectomy L5-S1 (sacroiliac) with cages and hardware; transforaminal epidural steroid injection; massage; physical therapy; stretching; rest; lying down; baclofen; lyrica; protonix; topical cream; naprosyn; voltaren gel; celebex and nucynta. The injured worker has been on nucynta since at least 10-1-15. The documentation noted that the injured worker had been receiving transforaminal epidural steroid injection since prior to 2008 anywhere to once per year to three times per year. The documentation noted that with the spinal cord stimulation the injured worker has been able to get by with less frequent epidural steroid injection. The documentation noted that the bilateral transforaminal epidural steroid injection take about two days to kick in, followed by a 50 to 80 percent reduction in pain for six to eight months and following the ESI he is able to reduce his pain medicines by about 30 percent and is able to sit, stand and walk more. The original utilization review (10-14-15) non-certified the request for tapentadol - WILD 1 (serum level)

quantity 1; and bilateral S1 (sacroiliac) transforaminal epidural injection quantity 1. The request for nucynta 75mg quantity 120 was modified to nucynta 75mg quantity 90.

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

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

#### **Tapentadol - WILD 1 (serum level) Qty 1: 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, dealing with misuse & addiction, Opioids, long-term assessment, Opioids, screening for risk of addiction (tests).

**Decision rationale:** In this case, some of the requested labs appear to be indicated for monitoring, however, the serum level of Tapentadol is not clearly indicated, particularly in light of an approved urine tox screen that should be sufficient to verify compliance with medication use, particularly given the non-certification of Nucynta. Therefore, at this time, based on the provided documents and guidelines, the requested labs are not medically necessary.

#### **Nucynta 75mg Qty 120: Upheld**

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

**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 modified the request to facilitate appropriate weaning. 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.

**Bilateral S1 transforaminal epidural injection Qty 1: 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): Epidural steroid injections (ESIs).

**Decision rationale:** Per the MTUS Chronic Pain Guidelines (page 46), in order to warrant injections, radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. The MTUS criteria for epidural steroid injections also include unresponsiveness to conservative treatment (exercises, physical methods, and medications). The MTUS clearly states that the purpose of ESI is to reduce pain and inflammation, restoring range of motion and thereby facilitating progress in more active treatment programs, and avoiding surgery, but this treatment alone offers no significant long-term functional benefit. Given the recommendations for epidural steroid injections as written in the MTUS guidelines and given the plan to wean Nucynta, it is reasonable to attempt repeat ESI for improved likelihood of successful weaning. The request is medically necessary.