

<b>Case Number:</b>	CM15-0214160		
<b>Date Assigned:</b>	11/04/2015	<b>Date of Injury:</b>	09/21/2010
<b>Decision Date:</b>	12/22/2015	<b>UR Denial Date:</b>	10/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/30/2015

### 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: Texas, New York, California  
 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 21, 2010. In a Utilization Review report dated October 14, 2015, the claims administrator failed to approve a request for Nucynta. The claims administrator referenced an August 21, 2015 appeal letter in its determination. The applicant's attorney subsequently appealed. On May 15, 2015, an Agreed Medical Evaluation (AME) gave the applicant a 0% whole person impairment rating, citing findings on covert surveillance (sub rosa). On April 2, 2015, the attending provider appealed previously denied Zanaflex and Relafen. On March 10, 2015, the applicant's medication list reportedly included Relafen, Zanaflex, Lunesta, and Suboxone, the treating provider reported. On a March 13, 2015 appeal letter, the treating provider noted that the applicant had ongoing issues with chronic low back pain. The treating provider acknowledged that the applicant was using Percocet, Relafen, and Zanaflex as of that point in time. On September 29, 2015, the applicant reported ongoing issues with low back pain radiating to the bilateral lower extremities. The treating provider stated that Norco had generated a lot of itching. The treating provider stated that the applicant was struggling quite a bit this month. Nucynta and trazodone were endorsed. The applicant was not working, the treating provider acknowledged. The treating provider stated that the request for Nucynta represented a first-time request for the same.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

**MAXIMUS guideline:** Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol (Nucynta).

**Decision rationale:** Yes, the request for Nucynta was medically necessary, medically appropriate, and indicated here. The MTUS Guideline in ACOEM Chapter 3, page 47 stipulates that an attending provider incorporate some discussion of efficacy of medication for the particular condition for which it has been prescribed into its choice of recommendation so as to ensure proper usage and so as to manage expectations. Here, the attending provider reported on September 29, 2015 that he was introducing Nucynta owing to the applicant's having developed intolerable adverse effects, namely pruritus, with a previously prescribed opioid, Norco. ODG's Chronic Pain Chapter Tapentadol topic does acknowledge that Nucynta is recommended as a second-line therapy for applicants who develop adverse effects with other opioids, as seemingly transpired here. Therefore, the first-time request for Nucynta was medically necessary.