

<b>Case Number:</b>	CM15-0215471		
<b>Date Assigned:</b>	11/05/2015	<b>Date of Injury:</b>	07/05/2001
<b>Decision Date:</b>	12/18/2015	<b>UR Denial Date:</b>	10/01/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/02/2015

### 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: North Carolina, Georgia

Certification(s)/Specialty: Family Practice

### 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 48 year old female who sustained an industrial injury on 7-5-01. She is not working. Medical records indicate that the injured worker has been treated for pain in joint lower leg; reflex sympathetic dystrophy of lower limb; chronic pain syndrome. She currently (9-24-15) complains of sharp, achy, burning low back pain with a pain level of 8 out of 10. Her pain levels have increased from 6 out of 10 on 5-15-12 to current 8 out of 10. There was no change in her activities of daily living, quality of life. Her sleep is poor and has been since 5-15-12 progress note. She reports her medications are working well and the provider notes "no evidence of developing medication dependency, no medication abuse is suspected, she reports continued functional benefit with her pain meds". A drug screen dated 8-6-13 was consistent with prescribed medications. Per 9-14-15 note, an opioid pain agreement and pain contract were signed. "A substance abuse history was performed and the patient is a minimal risk and stratified risk factors". Physical exam of the lumbar spine revealed decreased lumbar lordosis, tenderness over the low back as well as posterior and superior iliac spines, equivocal straight leg raise on the right; sensory deficits in a right L4 dermatomal distribution; there was tenderness to palpation over the right foot with some atrophy compared to the left at the calf. Treatments to date include medication: (past): oxycodone, Methadone, Valium, Voltaren Gel, MS Contin started 5-9-13, Zofran started 9-18-14 (current); Zofran, Nucynta (ordered 9-15-15), Latuda, doxycycline; breathing-relaxation; ice-heat; transcutaneous electrical nerve stimulator unit with benefit; home exercise; physical therapy. The request for authorization dated 9-15-15 was for Nucynta 50mg #30. On 10-1-15 Utilization Review non-certified the request for Nucynta 50mg #30.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50 mg Qty 30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, criteria for use, Opioids, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain (Chronic) - Tapentadol (Nucynta).

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

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Nucynta for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. The claimant has used methadone, MS Contin and Oxycodone in the past with no documentation of the rationale for changes between medications or to Nucynta. Given the lack of documentation of objective pain reduction or functional improvement with medication and lack of rationale for use of Nucynta specifically, the record does not support medical necessity of ongoing opioid therapy with Nucynta, therefore is not medically necessary.