

<b>Case Number:</b>	CM15-0225816		
<b>Date Assigned:</b>	11/24/2015	<b>Date of Injury:</b>	09/20/2011
<b>Decision Date:</b>	12/31/2015	<b>UR Denial Date:</b>	11/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/17/2015

### 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: California, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 56-year-old male who sustained an industrial injury on 9-20-2011 and has been treated for chronic neck pain with radicular features in the arms, discogenic neck pain with cord distortion, lumbar discogenic pain, lumbar spinal stenosis, left shoulder pain, left knee pain status post meniscal repair 2-13-2013, and Plantar fasciitis in the left foot. On 9-30-2015, the injured worker reported aching neck pain, which was worse on the left side, and was radiating to both arms with numbness and tingling, which was also in his hands. His left shoulder was aching with limited movement, his left knee was aching, and the low back had aching pain across and radiating down the back of both legs with numbness and tingling. The injured worker also reported headaches about two times per week. Pain intensity was rated at 6 out of 10, but could be brought to a 4 out of 10 with medication. Objective findings included "significant" decrease in cervical range of motion and low paracervical muscle tenderness; lumbar muscle tenderness at L4-S1, pain with flexion with 50 degree range of motion, and 15 degrees of extensions; left shoulder tenderness with 110 degree abduction and forward flexion range of motion; left knee tenderness with some pain with meniscal maneuvers in the medial joint; positive right-sided Spurling's; positive Tinel's bilaterally; straight leg positive bilaterally; pain with Patrick's test; and, some decreased sensation in the posterior legs. Documented treatment includes left knee physical therapy, acupuncture which he reported enabled him to decrease intake of narcotic medication and improve symptoms, and he had been taking Ibuprofen, Lyrica, Cambia and Tramadol, but the injured worker stated Tramadol was not helping, and requested a

different pain medication. As a result, the physician prescribed Nucynta 50 mg. #60, which was denied on 11-7-2015.

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

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

**Nucynta 50mg, Qty: 60 tablets:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tapentadol (Nucynta).

**Decision rationale:** CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the exam note from 9/30/15 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore, the prescription is not medically necessary and the determination is for non-certification.