

<b>Case Number:</b>	CM15-0040675		
<b>Date Assigned:</b>	03/10/2015	<b>Date of Injury:</b>	06/25/2001
<b>Decision Date:</b>	04/23/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/03/2015

### 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, District of Columbia, Maryland  
 Certification(s)/Specialty: Anesthesiology, Pain Management

### 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 51 year old male, who sustained an industrial injury on June 25, 2001. He reported low back pain with radiculopathy. The injured worker was diagnosed as having failed back surgery, chronic back pain, radiculopathy, chronic pain syndrome and lumbago. Treatment to date has included radiographic imaging, diagnostic studies, surgical intervention, conservative treatment modalities, pain medications and work restrictions. Currently, the injured worker complains of low back pain intermittently. The injured worker reported an industrial injury in 2001, resulting in chronic pain with radiculopathies. He has been treated both surgically and conservatively without total resolution of the pain. The evaluation on April 30, 2014, revealed the injured worker was "doing pretty good", until the back has a flare up. Medications were renewed. Evaluation on July 30, 2014, revealed continued pain. Medications were adjusted. Evaluation on January 23, 2015, revealed continued pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**One (1) prescription of Nucynta 100mg #210: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids, "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The official disability guidelines indicate that Nucynta is a second line therapy for individuals who develop intolerable adverse effects to first-line opioid. The attached medical record indicates that the injured employee has previously used and has been weaned from other opioids prior to the usage of Nucynta. Nucynta is stated to provide a decrease in pain and increased ability for the injured employee to function without any noted aberrant behavior. There was a side effect of nausea with its usage.

**One (1) prescription of Clonidine 0.1mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** Clonidine was stated to have been prescribed for assistance in weaning from opioid medications. The attached medical record indicates that the injured employee has already been weaned from prior medications and is currently stable with the usage of Nucynta. Considering this, this request for additional Clonidine is not medically necessary.

**One (1) prescription of Oxymorphone 40mg #30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): s 78 and 93.

**Decision rationale:** The injured employee is prescribed Nucynta as a short acting medication and Oxymorphone as a long-acting medication. Considering the Oxymorphone, it is stated to provide a decrease in pain and increased ability for the injured employee to function without any noted aberrant behavior, and is used for baseline pain and Nucynta for breakthrough pain, this request for Oxymorphone is medically necessary.

**One (1) prescription of Reglan 10mg #30: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://reference.medscape.com/drug/reglan-metozolv-odt-metoclopramide-342051#5>.

**Decision rationale:** I respectfully disagree with UR physician. Reglan is a medication used to treat nausea and vomiting as well as gastroesophageal reflux. The injured employee has been diagnosed with gastroesophageal reflux issues which are stated to be controlled by Reglan. This request for Reglan is medically necessary.