

<b>Case Number:</b>	CM15-0042152		
<b>Date Assigned:</b>	03/12/2015	<b>Date of Injury:</b>	02/28/2005
<b>Decision Date:</b>	04/22/2015	<b>UR Denial Date:</b>	02/26/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/05/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 2/28/2005. He has reported twisting his back while completing engine work. The diagnoses have included status post five lumbar surgeries, details unknown, lumbar spine facet arthropathy, radiculopathy, and spondylosis without radiculopathy. Treatment to date has included medication therapy, and an epidural steroid injection noted to have not been successful. Currently, the IW complains of low back and bilateral lower extremity pain, right greater than left leg. The pain was rated 7/10 VAS with medication. The physical examination from 1/13/15 documented gastric distress secondary to medication use, controlled with Prilosec and Senna. The lumbar spine demonstrated positive tenderness and muscle spasms with a positive facet challenge bilaterally, decreased L4-5 sensation, and right side was positive for straight leg raise. The plan of care included continued psychiatric therapy, possible surgical intervention, and medication therapy as previously prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 100mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/13/15 report, the patient presents with lower back pain radiating into the lower extremities s/p lumbar surgery x 5 with the most recent in 2012. The current request is for NUCYNTA ER 100mg #60, Tapentadol, an opioid. The RFA included is dated 01/13/15. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient is a long-term use of opioids and this medication has been prescribed since at least 05/15/14 for long lasting pain relief. On 01/13/15, the treating physician states that the patient's pain medication regimen reduces pain from 10/10 to 7/10. Pain is routinely assessed using pain scales. Medications are noted to increase the patient's ability to walk by 5-10 minutes, allow performance of a Home Exercise Program and complete household activities that include cooking and self-care. Side effects are discussed and it is noted constipation is controlled by medication. The 01/13/15 CURES and the 01/13/14 UDS are noted to be consistent and a new UDS was requested. There is no evidence of Adverse behavior. 01/13/15. The 4 A's have been documented as required by the MTUS guidelines, and the request IS medically necessary.

**Norco 7.5/325 mg #90:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** Per the 01/13/15 report, the patient presents with lower back pain radiating into the lower extremities s/p lumbar surgery x 5 with the most recent in 2012. The current request is for NORCO 7.5/325mg #90, Hydrocodone, an opioid. The RFA included is dated 01/13/15. The patient is not working. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. The reports provided for review show the patient is a long-term use of opioids and this medication has been prescribed since at least 05/15/14 for breakthrough pain. On 01/13/15, the treating physician states that the patient's pain medication regimen reduces pain from 10/10 to 7/10. Pain is

routinely assessed through the use of pain scales. Medications are noted to increase the patient's ability to walk by 5-10 minutes, allow performance of a Home Exercise Program and complete household activities that include cooking and self-care. Side effects are discussed and it is noted constipation is controlled by medication. The 01/13/15 CURES and the 01/13/14 UDS are noted to be consistent and a new UDS was requested 01/13/15. There is no evidence of Adverse behavior. The 4 A's have been documented as required by the MTUS guidelines and the request IS medically necessary.