

<b>Case Number:</b>	CM15-0053563		
<b>Date Assigned:</b>	03/27/2015	<b>Date of Injury:</b>	09/03/2009
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/20/2015

### 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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

### 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 55 year old female, who sustained an industrial injury on 09/03/2009. She reported that a large metal gate fell onto her causing her to sustain an injury to the right shoulder and low back that radiated to the left leg. The injured worker was diagnosed as having chronic intractable pain syndrome, osteoarthritis of the right knee, chronic low back pain, sciatica, post laminectomy syndrome of the lumbar region, and lumbar four to five and lumbar five to sacral one fusion. Treatment to date has included lumbar left lumbar four and five transforaminal epidural steroid injections, Supartz viscosupplementation therapy, medication regimen, magnetic resonance imaging, x-ray, home exercise program, use of heat, and use of ice. In a progress note dated 02/24/2015 the treating provider reports complaints of pain to the left back, left buttock, leg to toes, and right knee with a current pain rating of a four on a good day and a 6 on a bad day. The treating physician requested the medication Nucynta 50mg tablets by mouth every four to six hours with a quantity of 120 noting that the injured worker indicates that the pain interferes with her ability to perform activities of daily living.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucyina 50mg #120:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nucynta; <http://odg-twc.com/odg-twc/pain.htm#opioids>.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

**Decision rationale:** This 55 year old female has complained of right knee pain and low back pain since date of injury 9/3/09. She has been treated with epidural steroid injection, viscosupplementation, lumbar spine surgery, physical therapy and medications to include opioids since at least 12/2014. The current request is for Nucyina. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucyina is not indicated as medically necessary.