

<b>Case Number:</b>	CM15-0057268		
<b>Date Assigned:</b>	04/02/2015	<b>Date of Injury:</b>	03/12/2004
<b>Decision Date:</b>	05/06/2015	<b>UR Denial Date:</b>	02/25/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/25/2015

### 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, 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 42 year old male, who sustained an industrial injury on 3/12/2004. Diagnoses include low back pain, spinal/lumbar degenerative disc disease and lumbar radiculopathy. Treatment to date has included medications, injections and physical therapy. Per the Primary Treating Physician's Progress Report dated 3/12/2015, the injured worker reported lower backache. He rated his pain as 0/10 with medications and 2/10 without medications. Physical examination revealed an antalgic gait. There was tenderness of the paravertebral muscles and over the coccyx on the right side. Lumbar facet loading was positive on the right. Straight leg raise was negative. Ankle jerk is 2/4 on both sides and patellar jerk is 2/4 on both sides. Light touch sensation was decreased over the lateral foot on the right side. His disability status is permanent and stationary. The plan of care included medications and authorization was requested for Nucynta 50mg #45 and Neurontin 300mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #45:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Medication Page(s): 75-80.

**Decision rationale:** Regarding the request for Nucynta (Tapentadol), MTUS Chronic Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's pain from 8 out of 10 to 2 out of 10, and has allowed patient to sit and stand longer. There is also documentation of discussion of side effects. However, urine drug screen test on a progress note dated 9/12/2014 indicated that patient was not taking medication as he is trying to use them sparingly. Furthermore, there is no discussion regarding aberrant use and no risk stratification. As such, there is no clear indication for ongoing use of the medication. In light of the above issues, the currently requested Nucynta is not medically necessary.