

<b>Case Number:</b>	CM15-0059748		
<b>Date Assigned:</b>	04/06/2015	<b>Date of Injury:</b>	05/13/2004
<b>Decision Date:</b>	05/05/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/30/2015

### 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: Massachusetts

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:

This 53-year-old man sustained an industrial injury on 5/13/2004. The mechanism of injury is not detailed. Diagnoses include lumbar radiculitis, lumbar post-laminectomy syndrome, lumbar degenerative disc disease, and chronic pain syndrome. Treatment has included oral medications, stretching, home exercise program, and use of H-wave unit. Physician notes dated 1/13/2015 show complaints of chronic low back pain that has had a recent significant increase and new right upper extremity pain rated 8-10/10 and includes stiffness. Recommendations include starting Nucynta, Flexeril, Naproxen, and Omeprazole, continue Gralise, urine drug screening, and follow up in four weeks.

### 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 IR 100mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is nearly one year status post work-related injury and continues to be treated for low back pain including a diagnosis of post-laminectomy syndrome after an L4/5 fusion. When seen he was having moderate to severe pain. Prior medications had included Oxycodone, Percocet, Norco, and Tramadol which were not effective. Nucynta was prescribed at a total MED (morphine equivalent dose) of less than 75 mg per day. Urine drug screening was performed. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. In this case, the claimant has chronic pain after lumbar spine surgery. Nucynta is a short acting opioid often used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. The total MED was less than 120 mg per day consistent with guideline recommendations. Therefore, the prescribing of Nucynta was medically necessary.