

<b>Case Number:</b>	CM15-0068434		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	11/05/2002
<b>Decision Date:</b>	07/31/2015	<b>UR Denial Date:</b>	03/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/10/2015

### 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:

The injured worker (IW) is a 67 year old female who sustained an industrial injury on 11/05/2002. She reported tripping over a box of photo paper. The injured worker was diagnosed as having low back pain, lumbar facet arthropathy, lumber radiculopathy, chronic pain, piriformis syndrome, sacroiliac joint arthropathy, and lumbar disc displacement. Treatment to date has included medications. Currently, the injured worker complains of a pain level that is a 6/10 in the low back, piriformis and sacroiliac. On exam, there is tenderness at the L4-Lr, L6-S1 region as well as the right sacroiliac joint. She has pain at the bilateral sciatic notches that is worse on the right. She has tenderness at the right piriformis with right lower extremity pain in an L5 pattern. Her symptoms are managed with Norco up to 4 times daily and Nucynta IR twice daily. The treatment plans includes physical therapy for piriformis stretching, and medications. A request for authorization is made for the following: 1. Norco 10/325mg quantity 120 and 2. Nucynta Immediate Release 50mg quantity 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Norco 10/325mg quantity 120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in November 2002 and continues to be treated for low back, sacroiliac joint, and piriformis pain. When seen, symptoms were being sub-optimally managed with medications. There was lumbar spine and right sacroiliac joint tenderness. There was right piriformis tenderness and pain with resisted hip external rotation. Medications being prescribed included Norco and Nucynta at a total MED (morphine equivalent dose) of approximately 75 mg per day. Norco (hydrocodone/acetaminophen) Vicoprofen (hydrocodone/ibuprofen) Ultracet (tramadol/acetaminophen) Percocet (oxycodone/acetaminophen) Tylenol #3 is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.

**Nucynta Immediate Release 50mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86.

**Decision rationale:** The claimant sustained a work-related injury in November 2002 and continues to be treated for low back, sacroiliac joint, and piriformis pain. When seen, symptoms were being sub-optimally managed with medications. There was lumbar spine and right sacroiliac joint tenderness. There was right piriformis tenderness and pain with resisted hip external rotation. Medications being prescribed included Norco and Nucynta at a total MED (morphine equivalent dose) of approximately 75 mg per day. Nucynta (tapentadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. Continued prescribing was not medically necessary.