

<b>Case Number:</b>	CM15-0239502		
<b>Date Assigned:</b>	12/16/2015	<b>Date of Injury:</b>	04/27/2009
<b>Decision Date:</b>	01/21/2016	<b>UR Denial Date:</b>	11/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/08/2015

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### 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 39-year-old female who sustained an industrial injury on 4-27-2009 and has been treated for lumbar failed back surgery syndrome, lumbar radiculopathy, lumbar disc degenerative disease, acquired spondylolisthesis, and major depression. She had a 360-degree fusion performed as a two-stage procedure on 12-10-2014 and 12-11-2014. At a primary treating physician visit dated 11-3-2015, the injured worker presented with moderate to severe mid back pain radiating to the lower back, and described as burning, achy, deep, diffuse, discomforting, dull, localized, numbness, piercing, sharp, shooting, stabbing, superficial, and throbbing. On a pain scale where 10 is the most severe, the injured worker rated pain at 6 out of 10 without medication, and 4 out of 10 with medication. She reported that pain interference with activities was rated at 7 out of 10. When taking medication, a quality of life evaluation revealed that she is able to fulfill daily home responsibilities, but with struggle, and is unable to perform outside activities. Without medication, she stays in bed at least half the day with no contact with the outside world. An opiate risk tool rated her at 0 which is low risk for aberrant behavior. A disability index found her to be at 60 percent disability. The physician stated "no functional restoration to this point." Documented treatment has included exercise; heat; lying down; massage; physical therapy; stretching; transforaminal epidural corticosteroid injections; psychiatric care; Naproxen; Ativan stated 9-9-2015 to have been begun by the psychiatrist; Gabapentin; Nucynta for at least six months; and Wellbutrin. In the note, the physician states that CURES report revealed a prescription of 20 hydrocodone and acetaminophen by an emergency room doctor when she was out-of-town and developed an unrelated illness. A new control

substance agreement was signed at this visit with compliance education noted. A requested urine drug screen was denied. She is totally temporarily disabled. The treating physician's plan of care included Nucynta 100 mg #75, and Lorazepam 1 mg #30 which was denied on 11-13-2015.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Nucynta 100mg 1 tab po BID-TID #75: 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), Pain Chapter - Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain. Decision based on Non-MTUS Citation ODG- pain chapter and pg.

**Decision rationale:** According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, there was no mention of weaning or trial of alternate non-opioids. The claimant had been on other opioids including Vicodin and Norco in the past 2 years and was able to manage to be weaned off of them. The claimant was on Nucynta for over a year as well. There is no mention of weaning or Tricyclic failure. Continued and chronic use of Nucynta is not medically necessary.

#### **Lorazepam 1mg 1 tab by oral route everyday #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

**Decision rationale:** According to the Chronic Pain Medical Treatment Guidelines, Benzodiazepines are not recommended for long-term use because its efficacy is unproven and there is a risk of addiction. Most guidelines limit its use to 4 weeks and its range of action includes: sedation, anxiolytic, and anticonvulsant and muscle relaxant. In this case, the claimant has taken multiple Benzodiazepines for over a year. Long-term use is not indicated. The claimant was on opioids as well which would increase the abuse potential. The continued use of Lorazepam is not medically necessary.

