

<b>Case Number:</b>	CM13-0062170		
<b>Date Assigned:</b>	12/30/2013	<b>Date of Injury:</b>	06/26/2009
<b>Decision Date:</b>	05/07/2014	<b>UR Denial Date:</b>	11/25/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/06/2013

### 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. The expert reviewer is Board Certified in Anesthesiology; has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 report an injury on June 29, 2009 after a fall of approximately 7 feet. The injured worker reportedly sustained an injury to his low back. Treatment history has included physical therapy, epidural steroid injections, a TENS unit, and medications. The injured worker was evaluated on September 13, 2013 and had 9/10 pain without medications which was reduced to an 8/10 with medications. The injured worker's treatment plan on that day was to initiate the use of Nucynta extended release in an attempt to reduce the use of Norco 10/325mg. The injured worker was evaluated on November 07, 2013. Physical findings included no evidence of over-medication or sedation, tenderness to palpation over the lumbar paraspinal musculatures, a positive straight leg raising test to the left side, and limited range of motion of the lumbar spine secondary to pain. The injured worker's medications were listed as Nucynta, hydrocodone, omeprazole, amitriptyline, Pristiq, and Anaprox. The injured worker had 9/10 pain that was reduced to 8/10 pain with medication usage. The injured worker's diagnoses included degeneration of the lumbar intervertebral discs, lumbar radiculitis, myalgia, and myositis, numbness, depression, sleep apnea, and left knee sprain. The injured worker's treatment plan included continuation of medications.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 TABLETS OF NUCYNTA 150MG:** 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 Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend opioids in the management of chronic pain be supported by documentation of functional benefit, a quantitative assessment of pain relief, evidence that the patient is monitored for aberrant behavior, and managed side effects. The clinical documentation submitted for review does identify that there is a reduction in pain related to medication usage. However, there is no documentation that the injured worker is monitored for aberrant behavior or has any functional benefit related to medication usage. Therefore, continued use of this medication would not be supported. As such, the requested 60 tablets of Nucynta, 150mg, are not medically necessary or appropriate.