

<b>Case Number:</b>	CM14-0133088		
<b>Date Assigned:</b>	09/08/2014	<b>Date of Injury:</b>	03/25/2009
<b>Decision Date:</b>	10/24/2014	<b>UR Denial Date:</b>	07/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/20/2014

### 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 55-year-old male who reported an injury on 03/25/2009. The mechanism of injury was not submitted for clinical review. Diagnoses include lumbar spine radiculopathy, failed back syndrome of the lumbar spine, failed back syndrome of the thoracic spine, chronic pain due to trauma. The previous treatments included medication, surgery. Within the clinical note dated 07/09/2014, it was reported the injured worker complained of pain in the lumbar spine. He described the pain as constant, sharp and shooting. He rated his pain 9/10 to 10/10 in severity without medication. On the physical examination, the provider noted the injured worker to be alert and oriented and in no acute distress. The provider requested Nucynta. However, the rationale was not submitted for clinical review. The Request for Authorization was submitted and dated 08/20/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100 mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Antiepileptic MedicationsBuprenorphineOpioids/Ongoing Managemen. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th Edition (web), 2014, Pain, Nuvigil

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

**Decision rationale:** The request for Nucynta 100 mg #90 is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of the urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There was a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the physical examination. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.