

<b>Case Number:</b>	CM14-0138864		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	02/17/2010
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/01/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/27/2014

### 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 Internal Medicine, has a subspecialty in Nephrology and is licensed to practice in California. 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:

This is a 65-year-old female with a 2/17/10 date of injury. A specific mechanism of injury was not described. According to a progress report dated 9/10/14, the patient reported severe ongoing pain of the low back, bilateral knees, lower extremities, left ankle and foot. Her medication regimen included Nucynta, Lyrica, Cymbalta, and Gabapentin. Objective findings: hyperesthesia throughout lower extremities, grind, apprehension, and tenderness at the right knee, low back spasm and tenderness. Diagnostic impression: complex regional pain syndrome, status post left ankle arthrodesis with symptomatic hardware, symptomatic osteoarthritis of right knee, low back pain secondary to altered gait. Treatment to date: medication management, activity modification, physical therapy, injections. A UR decision dated 6/12/14 modified the request for Nucynta from 180 tablets to 70 tablets for weaning purposes. The submitted documentation over the past few years has not demonstrated any quantified improvements or changes either subjectively, objectively, or with function even given the continued use of Norco and Nucynta. Additionally, the provider indicated in prior reports the patient was at high risk for abuse and dependency on opioids.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta (Unspecified dosage and quantity):** 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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Nucynta

**Decision rationale:** CA MTUS does not address this issue. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. 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, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In the reports provided for review, there is no documentation that the patient has had a trial and failed first-line opioid medications due to intolerable adverse effects. There is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Nucynta (Unspecified dosage and quantity) was not medically necessary.