

<b>Case Number:</b>	CM14-0146695		
<b>Date Assigned:</b>	09/12/2014	<b>Date of Injury:</b>	06/16/2011
<b>Decision Date:</b>	10/15/2014	<b>UR Denial Date:</b>	08/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2014

### 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 Occupational Medicine, and is licensed to practice in Illinois. 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 36-year-old man with a date of back injury of June 16, 2011 when a bed frame fell on top of him, and resolving new-onset complaints of back pain with radiation to his left leg, left knee and left foot. He was last seen on July 19, 2014 when the treating physician stated the injured worker still also had chronic low back pain and right leg pain into groin and chronic cervical pain which radiated into the shoulders and caused headaches from the back of the head at an average of 4-6/10 pain level. He also had sleep disturbance and was taking Lyrica, Ambien, and Norco. It also states that his current medications are Celebrex, Nexium, fentanyl, Nucynta and Zolof. He failed a course of Nucynta extended release. It is stated the pain is improving since surgery and Lyrica is improving the pain. He uses a back brace and walker. He has post-laminectomy syndrome of the lumbar spine, with intervertebral disc degenerative disc disease, a comminuted compression fracture at S1, anterior vertebrectomy at L5-S1 with instrumentation followed by L5-S1 posterior fusion with instrumentation and posterior fusion and bilateral iliac fixation.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

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

**Decision rationale:** Nucynta is tapentadol, an opioid pain medication. Tapentadol is used to treat moderate to severe pain. Tapentadol is not addressed in the Chronic Pain Medical Treatment Guidelines. Per the Official Disability Guidelines, tapentadol is recommended as second line therapy for workers who develop intolerable adverse effects with first line opioids. These recent large randomized controlled trials concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations (Afilalo, 2010) (Buynak, 2010) (Lange, 2010). This injured worker has chronic back pain syndrome and new onset of left leg pain which is resolving with the addition of Lyrica. He is currently taking a first-line opioid, Norco, for which he has not developed any adverse effects, which is the indication for tapentadol. Therefore this request is not medically necessary.

**Fentanyl patch #10 for 30 days:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl transdermal. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

**Decision rationale:** Per Chronic Pain Medical Treatment Guidelines, Duragesic is not recommended as a first-line therapy. Duragesic is the trade name of a fentanyl transdermal therapeutic system, which releases fentanyl, a potent opioid, slowly through the skin. The Food and Drug Administration approved product labeling states that Duragesic is indicated in the management of chronic pain in workers who require continuous opioid analgesia for pain that cannot be managed by other means. It is stated the injured worker continues to have 4/10 pain on a chronic basis on Norco, a first-line opioid; therefore, the fentanyl patch is medically necessary. An additional clinical note has been provided since the last review stating the worker was still in pain on an existing opioid medication.