

<b>Case Number:</b>	CM14-0183345		
<b>Date Assigned:</b>	11/12/2014	<b>Date of Injury:</b>	04/27/2010
<b>Decision Date:</b>	12/16/2014	<b>UR Denial Date:</b>	10/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	11/04/2014

### 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 Neurology 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:

The Injured Worker (IW) is a 59 year old male with a date of injury of 4/27/10. The mechanism of injury is described as a sudden onset of low back pain while lifting a backpack in a bent over position. The IW reports his knees buckled at the time of the event with pain radiating to the back of the legs. The IW is status post lumbar laminotomy, bilateral foraminotomy at the L3, L4 and L5 level with posterolateral fusion at the same levels. The surgery also entailed reduction of spondylolisthesis with placement of bilateral reduction rods. The physical exam dated 11/10/14 is notable for decreased range of motion with straight leg raise (50 degrees on the left and 55 degrees on the right). The range of motion of the lumbar spine is noted to be decreased in all of the planes tested. The motor examination is notable only for decreased power of the left hip flexor compared to the right (4/5). The IW continues to report both back pain and muscle spasms. His treatment regimen has included taking Morphine Sulfate IR, cyclobenzaprine in addition to Oxycodone at 10 mg three times per day. The IW reports he is not able to function at a lower dose of Oxycodone and reports of increased back pain and muscle spasms when the dose was lowered to 25 mg per day. A previous request for the use of Nucynta was non-certified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Trial of Nucynta 50mg #4:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 76-78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-going management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG Pain Tapentadol (Nucynta)

**Decision rationale:** Per the documentation provided, the pain specialist has been adherent to the recommendations provided with respect to ongoing management for patients requiring ongoing use of opioids for pain control. The IW does, in fact, have improved function with the use of Oxycodone at the prescribed amounts and it is noted his functional status does decline if the dose is decreased. In this case, however, the request is for a trial of Tapentadol (Nucynta) for pain control. Per the guidelines of the online disability guide, the use of Tapentadol is a second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no such documentation in this report to state the IW is having such adverse effects from his current therapy. The request for a trial of Nucynta is not medically necessary.