

<b>Case Number:</b>	CM14-0212158		
<b>Date Assigned:</b>	01/02/2015	<b>Date of Injury:</b>	11/03/2008
<b>Decision Date:</b>	02/25/2015	<b>UR Denial Date:</b>	11/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/17/2014

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:  
 State(s) of Licensure: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 patient is a 62-year-old man who sustained a work-related injury on November 3, 2008. Subsequently, the patient developed chronic low back pain. Prior treatments included: multiple epidural steroid injections, physical therapy, and oral medications. MRI initially showed mild diffuse degenerative changes and central stenosis most notably at L4-L5. He had EMG/NCV study of his lower extremities, which showed evidence of peripheral neuropathy. There was evidence of electordiagnostic denervation of bilateral S1 also consistent with peripheral neuropathy. He then had a surgical evaluation and ended up having surgery (L4-5 fusion) on January 7, 2013. According to a treatment appeal note dated January 12, 2015, the patient continued to have severe back pain and leg pain. He noted that his left leg was burning greater than his right leg. He has numbness and burning into his thighs bilaterally. He had sharp stabbing pain in the anterior lateral thighs and numbness and burning in his left leg below the knee. The patient stated that he is leaning towards avoiding more surgery if the facet injection could be authorized. The patient did undergo a medial branch block on August 5, 2014 with benefit. He did get about 3 weeks of pain reduction. Examination of the lumbar spine revealed decreased sensation in the dermatome left L4. Straight leg raise was positive on the left and the right. Spasm and guarding was noted in the lumbar spine. The provider requested authorization for Nucynta ER.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Medication: Nucynta ER:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids, and Opioids for Chronic Pain in gene.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 70-76.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: < (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework>There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. There is no clear objective documentation of functional improvement or significant reduction of pain severity. There is no documentation of intolerance of first line opioids. Therefore the prescription of Nucynta ER is not medically necessary.