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| <b>Case Number:</b>   | CM14-0213463 |                              |            |
| <b>Date Assigned:</b> | 12/31/2014   | <b>Date of Injury:</b>       | 03/31/1999 |
| <b>Decision Date:</b> | 02/20/2015   | <b>UR Denial Date:</b>       | 11/20/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/19/2014 |

### 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: California

Certification(s)/Specialty: Preventive Medicine, Occupational 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:

According to the records made available for review, this is a 51-year-old female with a 3/31/99 date of injury. At the time (11/4/14) of request for authorization for Nucynta 50mg #60 and urine drug screen, there is documentation of subjective (low back pain) and objective (tenderness over lumbar spine with decreased range of motion, decreased sensory exam over lower bilateral lower extremity, and tenderness over cervical spine with decreased range of motion) findings, current diagnoses (cervical myofascitis, trochanteric bursitis, and multilevel lumbar herniated nucleus pulposus), and treatment to date (medications (including ongoing treatment with Nucynta and Zanaflex)). Medical report identifies that Nucynta is used as a second line management after failed trials of opioids with gastrointestinal complications; a CURES report that is consistent with medications prescribed; and that patient is able to perform functional activities around the house including cooking, grocery shopping, and light chores with medications. Regarding Nucynta 50mg #60, there is no documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Nucynta use to date. Regarding urine drug screen, there is no documentation of abuse, addiction, or poor pain control.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50 mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta)

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of cervical myofascitis, trochanteric bursitis, and multilevel lumbar herniated nucleus pulposus. In addition, given documentation of a CURES report that is consistent with medications prescribed, there is documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Furthermore, there is documentation of Nucynta used as a second line therapy; and that patient developed intolerable adverse effects with first line opioids. However, despite documentation that patient is able to perform functional activities around the house including cooking, grocery shopping, and light chores with medications, there is no (clear) documentation of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a specific result of Nucynta use to date. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 50 mg #60 is not medically necessary.

**Urine Drug Screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

**Decision rationale:** MTUS Chronic Pain Medical Treatment Guidelines identifies documentation of abuse, addiction, or poor pain control in patient under on-going opioid treatment, as criteria necessary to support the medical necessity of Urine Drug Screen. Within the medical information available for review, there is documentation of diagnoses of cervical myofascitis, trochanteric bursitis, and multilevel lumbar herniated nucleus pulposus. In addition,

there is documentation of on-going opioid treatment. However, there is no documentation of abuse, addiction, or poor pain control. Therefore, based on guidelines and a review of the evidence, the request for urine drug screen is not medically necessary.