

<b>Case Number:</b>	CM14-0215814		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	09/07/2010
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/10/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/23/2014

### 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: Texas, California  
 Certification(s)/Specialty: Family Practice

### 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 63 year old male worker who was injured when he got hit by a forklift at work. The date of injury was September 7, 2010. Diagnoses include complex regional pain syndrome right foot and lower leg, status post multiple foot fractures and atrophy. On September 7, 2010, x-ray of the right foot revealed fractures of the right second, third and fourth metatarsals, comminuted fracture of cuboid and fracture of lateral pole of the navicular. On September 23, 2010, he underwent open reduction internal fixation of right tarsometatarsal dislocation of Lisfranc injury at the base of the 2nd metatarsal along with closed treatment with manipulation of 2nd, 3rd and 4th metatarsal fractures. On January 16, 2013, the injured worker complained of right foot pain described as throbbing. He also complained of burning in his foot. The pain was rated a 7 on a 1-10 pain scale. He stated that when he takes his medication, the pain is significantly reduced so that he can walk on it. He was noted to not be severely compromised with weight bearing. He used a cane to walk and had a mild antalgic gait. Treatment modalities listed included medication and physical therapy. Per the doctor's note dated 2/4/14 patient had pain and swelling in foot. His medication list included Gabapentin, Nortriptyline and Hydrocodone.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Methadone HCL 5mg, opiate antagonist, #120/30, 0 refills, oral: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: criteria for use of opioids Therapeutic Trial of Opioids Page(s):.

**Decision rationale:** According to CA MTUS guidelines cited below: A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs. The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided with this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Methadone HCL 5mg, opiate antagonist, #120/30, 0 refills, oral is not established for this patient.

**Nucynta ER 100mg, long acting opiate, #30/30, 0 refills, oral:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 61, 74-82. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain section

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Central acting analg.

**Decision rationale:** Nucynta is a centrally acting analgesic with a dual mode of action as an agonist of the opioid receptor and as a norepinephrine reuptake inhibitor. It is similar to tramadol in its dual mechanism of action. According to MTUS guidelines central acting analgesics are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Cited guidelines also state that, a recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-

line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain. Nucynta use is recommended for treatment of episodic exacerbations of severe pain. Diagnoses include complex regional pain syndrome right foot and lower leg, status post multiple foot fractures and atrophy. On September 7, 2010, x-ray of the right foot revealed fractures of the right second, third and fourth metatarsals, comminuted fracture of cuboid and fracture of lateral pole of the navicular. On September 23, 2010, he underwent open reduction internal fixation of right tarsometatarsal dislocation at the base of the 2nd metatarsal along with closed treatment with manipulation of 2nd, 3rd and 4th metatarsal fractures. On January 16, 2013, the injured worker complained of right foot pain described as throbbing. He also complained of burning in his foot. The pain was rated a 7 on a 1-10 pain scale. He stated that when he takes his medication, the pain is significantly reduced so that he can walk on it. He was noted to not be severely compromised with weight bearing. He used a cane to walk and had a mild antalgic gait. Per the doctor's note dated 2/4/14 patient had pain and swelling in the foot. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having Nucynta available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary in this patient with a previous history of multiple fractures in the foot and complex regional pain syndrome (CRPS). This request for Nucynta ER 100mg, long acting opiate, #30/30, 0 refill, oral is deemed as medically appropriate and necessary