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| <b>Case Number:</b>   | CM14-0217651 |                              |            |
| <b>Date Assigned:</b> | 01/07/2015   | <b>Date of Injury:</b>       | 06/16/2008 |
| <b>Decision Date:</b> | 03/05/2015   | <b>UR Denial Date:</b>       | 12/22/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 12/29/2014 |

### 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: Physical Medicine & Rehabilitation

### 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 27 year old female who sustained a work related injury while in training as a firefighter to her right heel on June 16, 2008. The patient was diagnosed with a right Achilles strain and tendonitis. According to the physician's report in August 2009 a magnetic resonance imaging (MRI) of the left ankle and foot performed on August 28, 2008 was negative for acute pathology. No surgical intervention was performed. The patient continued to experience ankle pain which then led to back pain. The injured worker was diagnosed with complex regional pain syndrome, type I right lower leg, ruptured Achilles tendon and myofascial pain syndrome. The patient was managed with a multi-disciplinary approach including physical therapy, acupuncture therapy, pain management with multiple medications, lumbar sympathetic blocks, epidural catheter placements, psychological evaluations and functional restoration programs. The current medications are Buprenorphine 8mg (1/2 tab), Neurontin, Nucynta, Nucynta ER, Pristiq ER and Protonix. The injured worker is deemed Permanent & Stationary (P&S) and currently is not working. The physician requested authorization for Nucynta ER 250mg, #60. On December 22, 2014 the Utilization Review denied certification for Nucynta ER 250mg, #60. Citations used in the decision process were the Medical Treatment Utilization Schedule (MTUS), Chronic Pain Guidelines, Opioids for Chronic Pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 250mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 48, 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 74- 96.

**Decision rationale:** The records show the patient injured her right foot/heel in 2008 and developed CRPS. She has been enrolled in the [REDACTED] program and has tried Butrans patches 5mcg without Nucynta, but found this was not effective. On 8/12/14, she was started back on Nucynta, and Butrans was increased to 10 mcg. The follow-up visit on 9/2/14 does not discuss efficacy, nor does the most recent report provided for this review, 9/11/14. Nucynta ER is an opioid medication. The MTUS criteria for opioids, pages 74- 96, requires documenting pain and functional improvement and compare to baseline. It states a satisfactory response is indicated by the patient's decreased pain, increased level of function or improved quality of life. If the response is not satisfactory, MTUS recommends reevaluating the situation and to consider other treatment modalities. The reporting does not discuss baseline pain or function levels and the follow-up reports do not compare pain or function to baseline measurements. The MTUS reporting requirements for use of opioids has not been met. The use of opioids is in accordance with MTUS guidelines. Based on the provided reports, the request for Nucynta ER 250mg IS NOT medically necessary.