

<b>Case Number:</b>	CM15-0017412		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	07/11/2013
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/27/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/29/2015

### 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 injured worker is a 58 year old male, who sustained a work related injury on 7/11/13. The diagnoses have included right shoulder rotator cuff tear, surgery to right shoulder for repair, L5-S1 disc degeneration, L4-S1 facet arthropathy, and chronic intractable pain. Treatments to date have included multiple x-rays, MRIs of cervical and lumbar spine and right shoulder, lumbar epidural steroid injections, right shoulder surgery, physical therapy and chiropractic treatments. In the PR-2 dated 12/2/14, the injured worker complains of lower back pain with pain that radiates down into left thigh. He rates the pain a 7/10 on medications and an 8-9/10 off of medications. He also complains of right shoulder pain. He rates this pain a 5-6/10 with and without the medications. He has tenderness to palpation to lower back and coccyx. He has decreased range of motion in lower back. On 1/27/15, Utilization Review non-certified a prescription request for Nucynta 75mg., #60. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #60:** Overturned

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

**Decision rationale:** The patient presents with lower back pain rated 9/10 without medications and 7/10 with medications. The patient's date of injury is 07/11/13. The patient has no documented surgical history directed at this complaint. The request is for NUCYNTA 75MG #60. The RFA is dated 01/13/15. Physical examination dated 12/02/14 reveals an antalgic gait, pain on palpation to the lumbar paraspinal muscles bilaterally and marked tenderness over the coccyx. Neurological examination finds decreased sensation over the left L4 and L5 dermatome distribution. Diagnostic imaging was not provided, though progress note dated 12/02/14 discusses lumbar MRI performed 07/23/13, significant findings include: L3-L4 there is a 3mm circumferential disc bulge. There is mild bilateral neural foraminal narrowing. There is bilateral facet joint hypertrophy with ligamentum flavum redundancy L4-L5 there is a 4mm circumferential disc bulge with right foraminal zone annular fissure. There is moderate bilateral neural foraminal narrowing. There is bilateral facet joint hypertrophy with ligamentum flavum redundancy. L5-S1 there is a 4mm broad based disc bulge with an annular fissure. There is moderate bilateral neural foraminal narrowing. There is bilateral facet joint hypertrophy with ligamentum flavum redundancy. The patient is currently prescribed Celebrex and Percocet, though 12/02/14 progress note discusses dyspepsia secondary to Percocet and is replacing this medication with Nucynta. Patient is temporarily partially disabled, progress note 12/02/14 advises patient to continue working only with light duty modifications. MTUS Guidelines pages 88 and 89 states, 'Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument.' MTUS page 78 also requires documentation of the 4As -analgesia, ADLs, adverse side effects, and adverse behavior-, as well as 'pain assessment' or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In regards to the request for Nucynta for the management of this patient's chronic lower back pain, the medication appears reasonable. Progress note dated 12/02/14 discusses a reduction in pain from 9/10 to 7/10 attributed to opiate medications. Though no specific functional improvements are discussed, it appears that this patient has been able to continue to work, albeit with certain restrictions. The 12/02/14 progress note also discusses consistent UDS performed on 11/03/14, and notes a lack of aberrant or drug-seeking behavior. Owing to adequate documentation of the 4 A's as required by MTUS, the request IS medically necessary.