

<b>Case Number:</b>	CM15-0017420		
<b>Date Assigned:</b>	02/05/2015	<b>Date of Injury:</b>	06/02/2008
<b>Decision Date:</b>	03/30/2015	<b>UR Denial Date:</b>	01/26/2015
<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 59 year old female, who sustained an industrial injury on 6/2/2008. She reports neck and back pain from heavy lifting. Diagnoses include cervical displacement and chronic pain. Treatments to date include cervical spine fusion at two levels, physical therapy and medication management. A progress note from the treating provider dated 1/9/2015 indicates the injured worker reported neck, shoulder and low back pain. Cervical magnetic resonance imaging dated 2/19/2013, showed two levels of solid fusion and no pseudo-arthrosis. On 1/26/2015, Utilization Review modified the request for Nucynta 50 mg #120 to #60 for weaning, citing MTUS.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #120:** Upheld

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

**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 unrated chronic cervical spine and upper extremity pain. The patient's date of injury is 06/02/08. The patient is status post anterior cervical discectomy and fusion in 2008. The request is for NUCYNTA 50MG #120. The RFA for this request was not provided. Progress note dated 01/16/15 does not provide any examination findings, the progress note is apparently via telephone and only for the purposes of medication refill. Diagnostic imaging was not included, though progress report dated 01/16/15 references cervical MRI performed on 02/09/13, significant findings include: "Two levels of cervical fusion are solid" Hardware intact" Only minor adjacent segment disease without stenosis." The patient is currently prescribed Ketamine, Docusate sodium, Cyclobenzaprine, Nucynta, Omeprazole, Alprazolam, and regularly takes OTC Raspberry ketone capsules. Patient is currently working with cervical spine specific activity restrictions. 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 patients chronic intractable pain, the treater has not provided adequate documentation of medication efficacy substantiate continuation. Most recent progress reports dated 01/16/15 and 01/23/15 do not provide specific documentation of pain relief/functional improvement attributed to this medication or provide consistent UDS or discussion of aberrant behavior. Progress note 01/23/15 states: "██████████ called the office today to request a refill of her medications. She has been compliant with the use of her medications." Such vague statements do not satisfy MTUS requirements of pain reduction, functional improvement, consistent urine drug screens, and a lack of aberrant behavior. Owing to the lack of 4A's as required by MTUS, the request IS NOT medically necessary.