

<b>Case Number:</b>	CM15-0113665		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	04/15/2004
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	05/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/12/2015

### 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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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:

This 55 year old female sustained an industrial injury on 4/15/04. She subsequently reported left knee and low back pain. Diagnoses include sprain of lumbar region, left knee internal derangement and lumbar degenerative disc disease. Treatments to date include x-ray and MRI testing, injections and prescription pain medications. The injured worker continues to experience low back and left knee pain. Upon examination, there was tenderness noted in the lumbar paraspinal muscles and decreased range of motion in all directions. There was tenderness to palpation of the left knee and negative provocative maneuvers noted. Babinski's and Hoffmann's signs were absent bilaterally. Muscle strength is 5/ 5 in the lower extremities. A request for 90 Tabs Nucynta 75 MG with 3 Refills was made by the treating physician.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**90 Tabs Nucynta 75 MG with 3 Refills: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines ongoing management Page(s): 78-80.

**Decision rationale:** 90 Tabs Nucynta 75 MG with 3 Refills are not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS recommends ongoing opioid use with evidence of functional improvement and improved pain. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS also recommends clear monitoring of the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation states that the patient's last urine drug screen was consistent however it is unclear of when this was performed. There is no record of an objective Urine Drug Screen (UDS) in the documentation submitted. It is unclear why the patient requires 3 refills rather than 2 when the next follow up is in 3 months. For these reasons, the request for Nucynta is not medically necessary.