

<b>Case Number:</b>	CM15-0113729		
<b>Date Assigned:</b>	06/22/2015	<b>Date of Injury:</b>	12/08/2009
<b>Decision Date:</b>	07/21/2015	<b>UR Denial Date:</b>	06/01/2015
<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: Arizona, 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:

The injured worker is a 55 year old female, who sustained an industrial injury on 12/8/09. The diagnoses have included lumbar radiculopathy, cervical disc degeneration, myalgia, chronic pain syndrome, lumbar degenerative disc disease (DDD), neck pain and discectomy with fusion 8/28/14. Treatment to date has included medications, activity modifications, ankle foot orthosis (AFO), diagnostics, Cognitive Behavioral Therapy (CBT), surgery, physical therapy and home exercise program (HEP). Currently, as per the physician progress note dated 3/17/15, the injured worker complains of low back and radicular pain that has gotten worse with more pain in the right leg. The neck pain radiates to the shoulders with numbness and tingling in the hands. She has aching pain across the low back. She also complains of muscle spasms and urinary problems. The pain is rated 10/10 without medications and 5-7/10 with medications. The physical exam reveals tenderness of the lower lumbar spine and muscles, palpable spasm, decreased range of motion with flexion and extension, and more pain with flexion. The sensation is decreased in the right leg. The strength is 4+/5 in the right lower extremity (RLE) and straight leg raise is positive on the right. There is tenderness in the cervical muscles, range of motion is decreased sensation is decreased in the left arm and gait is antalgic. The diagnostic testing that was performed included x-rays of the lumbar spine. The current medications included Percocet, Levothyroxine, Omeprazole, Valtrex, Lyrica, Baclofen, and Terocin lotion, Motrin, Pericolace, Glycolax and Nucynta. The physician noted that the urine drug screen was consistent with the medications however; there was no urine drug screen reports submitted with the records. The physician

requested treatments included Percocet 10mg quantity of 120 and Nucynta 100mg quantity of 60 for neuropathic pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

#### **Percocet 10mg quantity 120: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** Percocet is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Percocet for several months in combination with topical /oral NSAIDs and muscle relaxants without substantial pain point reduction and pain reduction due to Percocet could not be determined. In addition, there was no mention of weaning failure. Continued and chronic use of Percocet is not medically necessary.

#### **Nucynta 100mg quantity 60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

**Decision rationale:** According to the MTUS guidelines, Nucynta and opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant's pain was increasing and not tolerating without an addition of another opioids. No one opioid is superior to another. In addition, as noted compliance with urine results was not known. In addition, it is commonly indicated for Migraines, diabetic neuropathic pain and when all other options have failed for chronic pain. Based on the above. the Nucynta is not medically necessary.