

<b>Case Number:</b>	CM15-0127932		
<b>Date Assigned:</b>	07/14/2015	<b>Date of Injury:</b>	06/23/2006
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2015

### 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: Emergency 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:

The injured worker is a 43 year old female, who sustained an industrial injury on 6/23/06. She reported trying to sit on a chair and the chair slid out from under her and she fell injuring her lower back. The injured worker was diagnosed as having lumbosacral radiculitis, lumbago and lumbar degenerative disc protrusions at L4-L5 and L5-S1. Treatment to date has included a lumbar epidural on 3/25/15 and a lumbar MRI. Current medications include Gabapentin, Restoril, Nucynta and Percocet since at least 1/8/15. As of the PR2 dated 6/8/15, the injured worker reports Percocet lowers her pain from an 8/10 to a 2/10. Objective findings include decreased lumbar range of motion. The treating physician requested Nucynta ER 250mg #60 x 1 refill, Percocet 10/325mg #240 x 1 refill and Restoril 30mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 250mg #60 with 1 refill:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta.

**Decision rationale:** The requested Nucynta ER 250mg #60 with 1 refill, is not medically necessary. CA MTUS is silent. ODG, Pain Chapter, see Nucynta: Tapentadol (Nucynta), note that Nucynta is "Not recommended, but only Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids." The injured worker reports Percocet lowers her pain from an 8/10 to a 2/10. Objective findings include decreased lumbar range of motion. The treating physician has not documented failed trials of first-line opiates, nor objective evidence of functional improvement from previous use nor measures of opiate surveillance. The criteria noted above not having been met, Nucynta ER 250mg #60 with 1 refill is not medically necessary.

**Percocet 10/325mg #240 with 1 refill:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, Opioids for Chronic Pain Page(s): 78-82.

**Decision rationale:** The requested Percocet 10/325mg #240 with 1 refill, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker reports Percocet lowers her pain from an 8/10 to a 2/10. Objective findings include decreased lumbar range of motion. The treating physician has not documented VAS pain quantification with and without medications, duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Percocet 10/325mg #240 with 1 refill is not medically necessary.

**Restoril 30mg #30:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

**Decision rationale:** The requested Restoril 30mg #30, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk

of dependence." The injured worker reports Percocet lowers her pain from an 8/10 to a 2/10. Objective findings include decreased lumbar range of motion. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Restoril 30mg #30 is not medically necessary.