

<b>Case Number:</b>	CM15-0171205		
<b>Date Assigned:</b>	09/11/2015	<b>Date of Injury:</b>	05/09/2006
<b>Decision Date:</b>	10/15/2015	<b>UR Denial Date:</b>	08/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/31/2015

### 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 63-year-old male, who sustained an industrial injury on 5-9-06. The injured worker was diagnosed as having low back pain and lumbar radiculopathy. Treatment to date has included lumbar transforaminal steroid injections, medial branch blocks, a right piriformis injection, sacral transforaminal steroid injections, physical therapy, and medication including Neurontin, Skelaxin, Fentanyl patches, and Nucynta. On 6-16-15 and 8-11-15 pain was rated as 4 of 10 with medication and 8 of 10 without medication. The injured worker had been taking Nucynta and using Fentanyl patches since at least January 2015. On 6-16-15, the treating physician noted "the patient is stable on current medication regimen and has not changed essential regimen in greater than 6 months. Function and activities of daily living improved optimally on current doses of medications." Currently, the injured worker complains of neck and low back pain. On 8-25-15, the treating physician requested authorization for Nucynta 75mg #90 with 1 refill and transdermal Fentanyl 75mcg-hr #15 with 1 refill. On 8-18-15, the requests were non-certified. The utilization review physician noted the "total MS equivalent daily dose greatly exceeds the Medical Treatment Utilization Schedule" recommendations.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #90 with 1 refill: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Nucynta 75mg #90 with 1 refill. Treatment to date has included lumbar transforaminal steroid injections, medial branch blocks, a right piriformis injection, sacral transforaminal steroid injections, physical therapy, and medication including Neurontin, Skelaxin, Fentanyl patches, and Nucynta. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/11/15, the patient presents with chronic neck and lower back pain. The patient presents for medication management. This patient has been prescribed Nucynta since at least 01/06/15. He reports that medications optimize function and ADLs, with no side effects. The patient states that he has adequate analgesia with functional benefit and improved quality of life. He has improved capabilities for ADLs including cooking, cleaning, and self-care. Reports indicate that the patient has consistent UDS and pain contract is on file. This exact statement is provided on progress reports 01/06/15 through 8/11/15. In this case, there appears to be no recent UDS. Reports continually note that the last UDS is from 2011. Furthermore, although functional improvement is discussed there is no validated instrument or numerical rating scale to measure outcome. Not all the 4As have been provided to allow for continued use. This request IS NOT medically necessary and the patient should be weaned as per MTUS.

**Transdermal Fentanyl 75mcg/hour #15 with 1 refill:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

**Decision rationale:** The current request is for Transdermal Fentanyl 75mcg/hour #15 with 1 refill. Treatment to date has included lumbar transforaminal steroid injections, medial branch blocks, a right piriformis injection, sacral transforaminal steroid injections, physical therapy, and medication including Neurontin, Skelaxin, Fentanyl patches, and Nucynta. The patient is not working. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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

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