

<b>Case Number:</b>	CM15-0173601		
<b>Date Assigned:</b>	09/15/2015	<b>Date of Injury:</b>	06/01/2012
<b>Decision Date:</b>	10/22/2015	<b>UR Denial Date:</b>	08/08/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 37-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of June 1, 2012. In a Utilization Review report dated August 8, 2015, the claims administrator failed to approve requests for Nucynta and Nucynta extended release. The claims administrator referenced office visits of July 23, 2015 and June 25, 2015 in its determination. The applicant's attorney subsequently appealed. On August 24, 2015, the applicant reported moderate-to-severe low back pain, it was stated toward the top of the note. Activities of daily living as basic as bending, sitting, standing, lifting, and lying down all remained problematic, the treating provider reported. The attending provider then stated in another section of the note that the applicant's average pain score was 8/10 overall, 9/10 without medication versus 7/10 with medications. The attending provider contended that the applicant would be homebound and/or bedbound without his medications and then suggested that the applicant's ability to dress himself had been ameliorated as a result of ongoing medication consumption. The applicant's medications included Nucynta, Nucynta extended release and ibuprofen, was reported. The applicant was placed off of work, on total temporary disability, while multiple medications were renewed. Toward the bottom of the note, the attending provider stated that "Nucynta is not very effective." The note was very difficult to follow as it mingled historical issues with current issues with regularity. The applicant was ultimately placed off of work, on total temporary disability, and asked to consult a spine surgeon.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER (extended release) 100mg, #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Tapentadol (Nucynta).

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

**Decision rationale:** No, the request for Nucynta extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on August 24, 2015. While the treating provider did recount reduction of pain scores from 9/10 without medications to 7/10 with medications, these reports were of analgesia achieved as a result of ongoing medication consumption appeared low grade at best and were outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Nucynta usage. The attending provider's commentary to the effect that the applicant's ability to get up out of bed and dress himself as a result of medication consumption did not constitute evidence of a substantive improvement in function achieved as a result of ongoing Nucynta extended release usage. Therefore, the request was not medically necessary.

**Nucynta 50mg, #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) - Tapentadol (Nucynta).

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

**Decision rationale:** Similarly, the request for Nucynta, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, as with the preceding request, the applicant was placed off of work, on total temporary disability, as of the July 24, 2015 office visit in question. The attending provider acknowledged in one section of the note that the applicant felt that Nucynta was not effective. The applicant was having difficulty performing activities of daily living as basic as standing and walking, it was reported in multiple sections of the note. In one section of the note, the treating provider stated that the applicant had been essentially bedridden since March 2015. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Nucynta usage in terms of the parameters established for continuation of opioid therapy on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

