

<b>Case Number:</b>	CM15-0049472		
<b>Date Assigned:</b>	04/16/2015	<b>Date of Injury:</b>	03/28/2011
<b>Decision Date:</b>	05/15/2015	<b>UR Denial Date:</b>	02/18/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/16/2015

### 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: New York  
 Certification(s)/Specialty: Internal 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 35 year old male who sustained an industrial injury on 03/28/2011. Diagnoses include lumbar radiculopathy, low back pain, hand pain, lumbar facet pain, lumbar disc herniation, depression and anxiety. Treatment to date has included left cubital tunnel release, diagnostic studies, medications, H-wave unit, physical therapy, home exercise program, splinting, lumbar medial branch block, lumbar radiofrequency ablation neurotomy, lumbar epidural steroid injections, psychotherapy, and acupuncture. A physician progress note dated 02/03/2015 documents the injured worker complains of lower backache and left upper extremity pain. Pain is rated as a 7 on of sale of 1-10 without medications. He ambulates with and antalgic gait. Lumbar spine range of motion is restricted. Lumbar paravertebral muscles have tenderness and a tight muscle band is noted on both sides. Lumbar facet loading is positive on both sides. Tenderness is noted over the sacroiliac spine bilateral pain with palpation at the L4, L5 region of the low back. The left elbow is tender to palpation over the medial epicondyle. Tinel's sign is positive. The injured worker has chronic persistent pain which is managed by medications. Pain is decreased and functionality is increased. Treatment requested is for 1 prescription of Colace 100mg #30, 1 prescription of Cyclobenzaprine 10mg #15, and 1 prescription of Nucynta 50mg #30.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**1 prescription of Nucynta 50mg #30: 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 (Chronic), Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for the treatment of chronic pain Page(s): 91-97. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids.

**Decision rationale:** According to Official Disability Guidelines and MTUS, Nucynta is a centrally acting opioid analgesic and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the Nucynta's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opioid analgesic therapy. Medical necessity of Nucynta has not been established. The requested Nucynta 50mg #30 is not medically necessary.

**1 prescription of Cyclobenzaprine 10mg #15: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 41.

**Decision rationale:** According to the reviewed literature, Flexeril (Cyclobenzaprine) is not recommended for the long-term treatment of chronic pain. This medication has its greatest effect in the first four days of treatment. According to California MTUS Guidelines, muscle relaxants are not considered any more effective than nonsteroidal anti-inflammatory medications alone. In this case, there are no muscle spasms documented on physical exam. There is no documentation of functional improvement from any previous use of this medication. Based on the currently available information, the medical necessity for this muscle relaxant medication has not been established. The requested medication is not medically necessary.

**1 prescription of Colace 100mg #30: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Opioid induced constipation.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Constipation from narcotics.

**Decision rationale:** Opioid-induced constipation is a common adverse effect of long-term opioid use because of the binding of opioids to peripheral opioid receptors in the gastrointestinal tract, resulting in absorption of electrolytes and reduction in small intestine fluid. Colace is a stool softener and is used to relieve occasional constipation. According to ODG, if opioids are determined to be appropriate for the treatment of pain then prophylactic treatment of constipation should be initiated. In this case, with non-approval of opioid use, the medical necessity of Colace is not established. The requested medication is not medically necessary.