

<b>Case Number:</b>	CM15-0078735		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	05/16/2005
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/24/2015

### 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 Jersey

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 48 year old male, who sustained an industrial injury on 05/16/2005. He has reported subsequent low back, lower extremity and neck pain and was diagnosed with lumbar radiculopathy, lumbar degenerative disc disease and cervical degenerative disc disease. Treatment to date has included oral pain medication, epidural steroid injections and physical therapy. In a progress note dated 03/04/2015, the injured worker complained of neck, low back and right leg pain and numbness. Objective findings were notable for an antalgic gait, diminished sensation in the right leg, tenderness and spasm over the paraspinals, increased pain with flexion and extension and positive straight leg raise on the right side. A request for authorization of Nucynta was submitted in an attempt to decrease the amount of pain medications prescribed.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**(1) Prescription of Nucynta 100mg, #60: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Amitriptyline, Anti depressant. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was record of him using multiple opioids, including Norco and more recently, tramadol. Norco was recommended to be weaned off and tramadol was then used but not very effective, reportedly. Then Nucynta was recommended. As prior opioids were either not recommended or not very effective, it is not reasonable to suggest that another opioid medication will perform much differently. Therefore, the request for Nucynta will be considered not medically necessary.