

<b>Case Number:</b>	CM15-0079113		
<b>Date Assigned:</b>	04/30/2015	<b>Date of Injury:</b>	08/11/2009
<b>Decision Date:</b>	05/29/2015	<b>UR Denial Date:</b>	04/05/2015
<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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular 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 54 year old male, who sustained an industrial injury on August 11, 2009. The injured worker has been treated for low back complaints. The diagnoses have included lumbar disc bulges, lumbar degenerative disc disease, myofascial syndrome, chronic low back pain and lumbar radiculopathy. Treatment to date has included medications, radiological studies, electrodiagnostic studies, lumbar epidural steroid injections, lumbar brace, chiropractic treatment and physical therapy. Current documentation dated March 20, 2015 notes that the injured worker reported low back pain, which radiated to the left lower extremity. The pain was rated a four out of ten on the visual analogue scale with medications. Examination of the lumbar spine revealed tenderness to palpation, spasms, tight muscle bands and a restricted range of motion. Lumbar facet loading was noted to be positive on the right side. A straight leg raise test was negative. The treating physician's plan of care included a request for the medication Nucynta 50 mg # 60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg quantity 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long Term Users of Opioids; Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Chronic, Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic) Tapentadol (Nucynta).

**Decision rationale:** Nucynta 50mg quantity 60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines and the ODG. The ODG states that Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The MTUS states that opioids are minimally indicated, if at all, for chronic non-specific back pain. Aberrant use of opioids is common in this population. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The MTUS supports following the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The documentation reveals that the patient has been on opioids. There is evidence of THC use while taking opioids, which is not in accordance with the MTUS guidelines. The patient is not working. There is no significant evidence of functional improvement therefore the request for Nucynta is not medically necessary.