

<b>Case Number:</b>	CM15-0098381		
<b>Date Assigned:</b>	05/29/2015	<b>Date of Injury:</b>	01/14/2004
<b>Decision Date:</b>	07/03/2015	<b>UR Denial Date:</b>	04/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 45 year old male, who sustained an industrial injury on 1/14/2004. Diagnoses include chronic low back pain with flare up and lumbosacral neuropathy. Treatment to date has included medications including Nucynta ER, Zorvolex, Topamax and Zanaflex, a home traction unit and chiropractic care. Per the Primary Treating Physician's Progress Report dated 2/13/2015, the injured worker reported elevated low back and leg pain with persistent cramps of the thighs. He also reported numbness and tingling of the legs and feet. Physical examination revealed a slow, antalgic gait. There was tightness and tenderness to the bilateral L-S paraspinal muscles. Lumbar discogram on 8/12/2005 was negative for discogenic pain generators. The plan of care included medications and authorization was requested for one prescription of Nucynta ER 250mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 250mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tapentadone (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120 of 127. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

**Decision rationale:** Regarding the request for Nucynta ER, California MTUS does not address Nucynta specifically. ODG state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but fortunately, the last reviewer modified the current request to allow tapering. In light of the above issues, the currently requested Nucynta ER is not medically necessary.