

<b>Case Number:</b>	CM14-0141958		
<b>Date Assigned:</b>	09/10/2014	<b>Date of Injury:</b>	10/18/2000
<b>Decision Date:</b>	10/20/2014	<b>UR Denial Date:</b>	08/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/02/2014

### 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. The expert reviewer is Board Certified in Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 records presented for review indicate that this 55 year old male was reportedly injured on October 18, 2000. The most recent progress note, dated July 1, 2014, indicated that there were ongoing complaints of low back pain. The current pain is rated at 8 out of 10 on visual analog scale (VAS). Current medications include Nucynta, Topamax, and Naprosyn. The physical examination revealed the patient had a mild antalgic gait, spasms and tenderness along the lumbar paraspinal muscles and facet joints, and normal lower extremity strength. Diagnostic imaging studies were not reviewed during this visit. Previous treatment included oral pain medications. A request was made for Nucynta and was not certified in the preauthorization process on August 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain, Tapentadol, Updated October 6, 2014.

**Decision rationale:** The Official Disability Guidelines (ODG) states that Nucynta is indicated as a second line therapy for patients who develop intolerable adverse effects with first line opioids. According to the progress note dated August 1, 2014, the injured employee is stated to have failed treatment in the past with Percocet and Norco, but there is no mention of side effects. Additionally, there are other first line agents that have not been tried with this individual. Considering this, this request for Nucynta is not medically necessary.