

<b>Case Number:</b>	CM14-0142398		
<b>Date Assigned:</b>	09/22/2014	<b>Date of Injury:</b>	07/10/2006
<b>Decision Date:</b>	10/23/2014	<b>UR Denial Date:</b>	08/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/03/2014

### 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 Pain Management 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 injured worker is a 63-year-old male who sustained work-related injuries on July 10, 2006. Prior treatments included cervical epidural steroid injections on November 15, 2013 and caused 80% relief. He also had left cervical radiofrequency ablation. He is also status post C5-7 anterior cervical fusion on October 28, 2010. Prior electromyogram (undated) noted cervical radiculopathy. Computed tomography scan dated October 18, 2012 showed thecal sac compression at C3-C7 due to bony spurs. There is noted worsening of the left foramen narrowing at C6-7. At C5-6, both foramens have further narrowed. Per January 30, 2014, the injured worker was seen for neck pain radiating from the neck down to the right arm. He reported that pain level has increased since last visit. Cervical spine examination revealed limited range of motion in all planes. Tenderness was noted on the bilateral paravertebral muscles. Tenderness was also noted in the trapezius and bilateral facet joints, left side greater than right. Spurling's was positive and caused radiating pain to the upper extremity. Right shoulder examination noted restricted range of motion in all planes by pain. Hawkin's test was positive. Tenderness was noted over the acromioclavicular joint and coracoid process. Sensation was decreased over the thumb, index, middle, and ring finger on the right. Right biceps reflex and triceps reflex on the right was . On March 20, 2014 he underwent urine drug screening test which was positive for tapentadol. On June 25, 2014, he went to a psychologist and he was diagnosed with mood disorder secondary to industrial orthopedic condition, pain disorder associated with both psychological and orthopedic factors, sleep disorder, sexual dysfunction, occupational problem, and cognitive disorder secondary to current pain and pain medication regimen. On August 5, 2014, he underwent a magnetic resonance imaging scan of the cervical spine without contrast. Results revealed (a) at C5-6 and C6-7 anterior fusion hardware with vertebral body screw and interbody metal graft with solid anterior bony fusion present. There is mild central canal narrowing at these levels with

dorsal marginal osseous ridging but no cord compression. There is moderate to severe bilateral neural foraminal narrowing at C5-6 and left C6-7 from facet and uncovertebral hypertrophy. Findings are not significantly changed from prior study; (b) C7-T1, 2-mm disc osteophyte complex with mild central canal narrowing at the disc space level and there is mild right neural foraminal narrowing. Findings are not significantly change; (c) at C4-5, mild neural foraminal narrowing from facet and uncovertebral hypertrophy, stable. Most recent records dated July 24, 2014 documents that the injured worker's pain level has increased since his last visit. Quality of sleep was poor and activity level remained the same. Cervical spine examination noted restricted range of motion in all planes. Tenderness was noted on the bilateral paravertebral muscles. Tenderness was also noted at the trapezius and bilateral facet joints, left side greater than right. Spurling's caused pain in the muscles of the neck radiating to the upper extremity. Tenderness was also noted at the right sided cervical facets. Trigger point with radiating pain and twitch response on palpation at the cervical paraspinal muscles on the left was noted. Right shoulder examination noted restricted range of motion by pain. Hawkin's test was positive. Tenderness was noted in the acromioclavicular joint and coracoid process. Sensation was decreased over the right thumb, index finger, middle finger, and ring finger. Right biceps and triceps reflex were . Spurling's test was positive. He is diagnosed with (a) cervical facet syndrome, (b) disc disorder cervical, (c) cervical radiculopathy (right), and (d) rotator cuff repair (right).

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nucynta 50mg #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Opioids, criteria for use

**Decision rationale:** Contrary to the determination of the prior utilization review, the urine drug screening report dated March 24, 2014 (collected on March 20, 2014) indicated that the his results were positive for Nucynta (tapentadol). However, evidence-based guidelines indicate that part of the criteria in order to allow continued use of opioids or be part of the ongoing management for chronic pain the criteria indicated in the evidence-based guidelines must be met. Most important criterion is the evidence of a significant decrease in pain levels and significant improvement in functional levels. In this case, quantitative measurements (e.g. visual analog scale scores) were not indicated in the provided documents which could serve as basis for the comparison of the injured worker's pain levels. Moreover, prior to the recommendation of the injured worker's psychologist that Nucynta is causing cognitive problems the injured worker's pain level has been increasing based on the January 30, 2014 records. It is evident that Nucynta is not enough to control the injured worker's pain levels. Also, there is no indication that there have been any significant improvements in functional activities as well as activities of daily living. In fact, records consistently indicate that this activity level remained the same even prior to the initial weaning recommendations of this medication. Without evidence of significant

decrease in pain levels or significant increase in functional activities, the medical necessity of the requested Nucynta 50mg #30 is not established.