

<b>Case Number:</b>	CM14-0148803		
<b>Date Assigned:</b>	09/18/2014	<b>Date of Injury:</b>	06/22/2004
<b>Decision Date:</b>	10/21/2014	<b>UR Denial Date:</b>	08/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/12/2014

### 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 injured worker is a 67-year-old male who reported an injury on 06/22/2004 secondary to repetitive activity. It is noted that the injured worker is status post bilateral carpal tunnel release in 2004 and lumbar fusion in 2004. The current diagnoses include status post lumbar fusion, failed back syndrome, disc degeneration in the lumbar spine, degenerative lumbar kyphosis, intractable cervical pain, status post ventral hernia repair, facet arthropathy, lumbar stenosis, bilateral shoulder impingement, right upper extremity paresthesia, and status post removal of hardware. Previous conservative treatment includes medication management, acupuncture, and epidural steroid injections. The current medication regimen includes Lyrica, Nucynta 100 mg, Nucynta ER 250 mg, Zylprim, Atorvastatin, and metformin. The injured worker was evaluated on 08/13/2014 with complaints of persistent neck, upper back, mid back, left foot, and right foot pain. Physical examination revealed an antalgic and slow gait, restricted lumbar range of motion, tenderness to palpation, and intact sensation. Treatment recommendations at that time included continuation of the current medication regimen. A request for authorization form was then submitted on 08/13/2014 for Nucynta ER 250 mg.

### 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 Page(s): 9, 74, 78-97.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta®).

**Decision rationale:** The Official Disability Guidelines recommend Nucynta only as a second line option for patients who develop intolerable adverse effects with first line opioids. As per the documentation submitted, it was noted that the injured worker has been able to tolerate Nucynta without side effects, and has reported many side effects with previous analgesic medication. However, the injured worker has utilized this medication since 02/2014 without any evidence of objective functional improvement. There is also no frequency listed in the current request. As such, the request is not medically necessary.