

<b>Case Number:</b>	CM14-0045706		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	12/31/1998
<b>Decision Date:</b>	09/18/2014	<b>UR Denial Date:</b>	03/13/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 47-year-old female who sustained a work related injury on 12/31/1998 as a result of an unknown mechanism of injury. Since her injury, the patient has had chronic thoracolumbar pain. She has been treated with various medications over the years from non-steroidal anti-inflammatory drugs (NSAID's), Opioids, Neurotin, antidepressants, Biofreeze and undergone physical therapy. Her current treatment regimen includes the use of Nucynta 100mg which is causing severe nausea for which she takes suppository compazine to treat. On her latest PR-2 the patient reports her pain at 7/10 and poorly controlled at 75mg of Nucynta, which was the re-introducing dose following her transition from Butrans patches. Her pain without medication use is 10/10, reduced to 7/10 with use. According to previous PR-2's, the patient was on Nucynta, and transitioned to Butrans but found this was not as helpful and wants to return to Nucynta for pain control. She states her Neurontin is helpful for her nerve pain. On examination, she ambulates with stiff, antalgic gait and uses a cane, transfers from a seated to standing position with stiffness / guarding. She has limited back range of motion and is tender along the spinous processes from the cervical to lumbar region. Strength testing of her lower extremities is 3/5 with a decreased sensation to light touch more on the right than left. Her reflexes are 2/4 at the knees, but 0/4 at the ankles. A lumbar MRI dated 03/11/2014 identifies mild to moderate central canal narrowing at L4-5 due to a posterior disc bulge with facet and ligamentum flavum hypertrophy and mild narrowing of the right neural foramen with possible mild compression of the exiting right L4 nerve root. There is also central canal narrowing at L3-4 due to minimal disc bulge and conjunction with facet hypertrophy. In dispute is a decision for Nucynta 100mg #120 and Prochlorperazine supp. 25mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta100mg #120/ Denied by Physician Advisor:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; Criteria for use of Opioids Page(s): 76-80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions and Treatments Page(s): 75. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence:<http://dailymed.nlm.nih.gov>.

**Decision rationale:** Nucynta is long-acting opioid that is indicated for moderate to severe pain when alternate treatment options are inadequate. The long acting opioids are also known as controlled-release, extended-release, sustained-release or long-acting opioids, and are a highly potent form of opiate analgesics. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around-the-clock analgesia. Long term use of such medications (greater than 6 months) needs documented pain and functional improvement as compared to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument. With the patient's attempt at the use of an alternative means of pain control that did not provide the same level of analgesia as her previous use of Nucynta and gave her adverse side effect of nausea and vomiting, is it medically necessary to transition her back to Nucynta for pain reduction / control. As such, the request is medically necessary.

**Prochlorperazine supp 25mg #60:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drugs (AEDs) Page(s): 16.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://dailymed.nlm.nih.gov/>.

**Decision rationale:** Prochlorperazine (Compazine) is an antipsychotic medication used as an antiemetic medication to control nausea and vomiting. The patient was experiencing nausea side effects with medication use that is controlled with Prochlorperazine use. As such, the request is medically necessary.