

<b>Case Number:</b>	CM13-0020045		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	01/27/2014	<b>UR Denial Date:</b>	08/29/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/04/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 physician 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 56 year old female with a date of injury of 3/25/03. Per [REDACTED], the patient's diagnoses include: bilateral upper extremity repetitive injury; status post bilateral ulnar nerve transposition surgery; status post right wrist arthroscopic surgery; status post right carpal tunnel release; bilateral upper extremity sprain/strain. The progress report, dated 8/20/13, by [REDACTED] noted that the patient reports an increase in bilateral proximal palm pain and right forearm pain. Exam findings included tenderness to palpation of the bilateral elbows and wrists. Tinel's at the elbow and carpal tunnel were positive bilaterally. The 9/12/13 progress report noted that the patient reports that her pain medication decreased her pain from 8/10 to 4-5/10 and allows her to perform activities of daily living, such as cooking, personal hygiene, cleaning, and especially grocery shopping. It was noted that the patient had failed hydrocodone and oxycodone. She cannot take any more morphine sulfate IR than the 30mg due to somnolence. Therefore, the addition of Nucynta with the Morphine sulfate has improved the patient's quality of life. The patient has an up to date pain contract, her urine drug screen findings are consistent, and she does not display any signs of misuse/abuse or aberrant behaviors. Reports show use of Nucynta 100mg and Morphine Sulfate IR 30mg as noted on 5/21/13, 8/20/13, 10/29/12 and 9/5/12.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg #120 with 3 refills:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) - Tapentadol (Nucynta).

**Decision rationale:** The addition of Nucynta with the Morphine sulfate has improved the patient's quality of life. The patient has an up to date pain contract, her urine drug screen reports are consistent, and she does not display any signs of misuse/abuse or aberrant behaviors. Reports show use of Nucynta 100mg and Morphine Sulfate IR 30mg as noted on 5/21/13, 8/20/13, 10/29/12 and 9/5/12. The guidelines state that Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. For long-term use of opioids, the guidelines require functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Also under strategy for maintenance the guidelines state that you should not attempt to lower the dose if it is working. This case appears to be supported by the guidelines noted above. The requested Nucynta is medically necessary and appropriate for this patient.

**Morphine sulfate IR 30mg #30 with 3 refills:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Long-term Opioid Use Page(s): 88-89.

**Decision rationale:** The addition of Nucynta with the Morphine sulfate has improved the patient's quality of life. The patient has an up to date pain contract, her urine drug screen reports are consistent, and she does not display any signs of misuse/abuse or aberrant behaviors. Reports show use of Nucynta 100mg and Morphine Sulfate IR 30mg as noted on 5/21/13, 8/20/13, 10/29/12 and 9/5/12. For long-term use of opioids the guidelines require functional documentation at least once every 6 months of a decrease in pain, increased level of function, or improved quality of life for a satisfactory response to treatment with opioid medication. Also under strategy for maintenance the guidelines state that you should not attempt to lower the dose if it is working. This case appears to be supported by the guidelines noted above. The requested Morphine sulfate is medically necessary and appropriate for this patient.