

<b>Case Number:</b>	CM13-0066410		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	01/23/2008
<b>Decision Date:</b>	06/04/2014	<b>UR Denial Date:</b>	11/27/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2013

### 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 Anesthesiology has a subspecialty 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 patient has submitted a claim for brachial neuritis associated with an industrial injury date of January 23, 2008. Treatment to date has included physical therapy and medications. A utilization review from November 27, 2013 denied the request for Nucynta Extended Release 200 mg #60 between 11/21/2013 and 1/5/2014. Medical records from 2013 were reviewed showing the patient complaining of neck and shoulder pain radiating into the upper extremities and into the fingers. The patient has been using Nucynta since July 2013. Physical exam demonstrated cervical spine stiffness and muscle spasms over the shoulders. There was tenderness over the cervical spine. The patient is noted to have trouble with ADLs including using her hands and prolonged standing. Nucynta was switched to Percocet. The patient has a concurrent prescription for Ultram as well.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **THE REQUEST FOR NUCYNTA EXTENDED RELEASE 200MG #60: Upheld**

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

**Decision rationale:** As stated on page 78 of the California MTUS chronic pain medical treatment guidelines, the 4 A's for ongoing monitoring, which includes analgesia, activities of daily living, adverse side effects, and aberrant drug-seeking behaviors should be documented for continuation of opioid medical management. In this case, the patient has been using Nucynta but the documentation did not provide evidence of quantifiable or observable functional goals, progress or measurements attributed to Nucynta. The patient also had a concurrent prescription of Ultram. There was no discussion concerning the patient's intolerance or ineffectiveness of first-line opioids. Given long-standing history of narcotics prescriptions, the assessment of treatment response was insufficient to corroborate a necessity for ongoing Nucynta therapy. Therefore, the request for Nucynta Extended Release 200 mg #60 is not medically necessary and appropriate.