

<b>Case Number:</b>	CM13-0068806		
<b>Date Assigned:</b>	01/03/2014	<b>Date of Injury:</b>	08/04/2000
<b>Decision Date:</b>	06/02/2014	<b>UR Denial Date:</b>	12/03/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/19/2013

### 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, Pain Medicine and is licensed to practice in Florida. 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 reported an injury on 08/04/2000. The mechanism of injury was not stated. Current diagnoses include facet syndrome, neck pain, chronic pain, shoulder pain, general osteoarthritis, acromioclavicular arthritis, and brachial neuritis. The injured worker was evaluated on 10/18/2013. The injured worker reported ongoing 6/10 pain in the left shoulder and back. Physical examination revealed tenderness to palpation of the left shoulder with limited abduction and elevation, tenderness at the ulnar cubital tunnel bilaterally, limited lumbar range of motion, and intact sensation. Current medications at that time included Nucynta 50 mg. Treatment recommendations included continuation of current medication.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**60 NUCYNTA ER 50MG:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: Chronic Pain Medical Treatment Guidelines, page 80-81.

**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:** Official Disability Guidelines state Nucynta is recommended as a second line option for patients who develop intolerable adverse effects with first line opioids. The injured worker does not appear to meet criteria for the requested medication. There is no evidence of intolerable adverse effects with first line opioids. Additionally, the injured worker has utilized Nucynta 50mg since 06/2013. There was no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. Therefore, the request for 60 Nucynta ER 50mg is not medically necessary and appropriate.