

<b>Case Number:</b>	CM14-0001857		
<b>Date Assigned:</b>	01/22/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	06/24/2014	<b>UR Denial Date:</b>	12/09/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/06/2014

### 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 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 50-year-old male who reported an injury on 07/28/2011 after a tree fell on his head. The injured worker reportedly sustained an elbow injury, shoulder injury, C3 fracture, and a head injury with loss of consciousness. The injured worker's treatment history included surgical intervention, cognitive behavioral therapy, physical therapy, and multiple medications. The injured worker was examined on 11/26/2013. It was documented that the injured worker was engaged in a pain contract and was counseled on appropriate use. Physical findings included decreased range of motion of the cervical spine with tenderness to palpation over the right midcervical facets and a positive left-sided Spurling's sign and a positive left-sided cervical axial compression test. The injured worker's diagnoses included headache, cervical radiculitis, scapular fracture, and concussion. The injured worker's treatment plan included continuation of medications to include Nucynta ER 150 mg and Percocet 10/325 mg.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**NUCYNTA ER 150MG (#60): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines Opioids, On-Going Management Page(s): 78.

**Decision rationale:** The clinical documentation submitted for review does indicate that the injured worker has been on this medication for an extended duration. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of a quantitative assessment of pain relief or documentation of functional benefit related to medication usage. Additionally, there is no documentation that the injured worker is monitored for aberrant behavior. Therefore, continued use of this medication would not be supported. As such, the requested Nucynta ER 150 mg #60 is not medically necessary or appropriate.