

<b>Case Number:</b>	CM14-0102327		
<b>Date Assigned:</b>	09/16/2014	<b>Date of Injury:</b>	10/25/2010
<b>Decision Date:</b>	10/17/2014	<b>UR Denial Date:</b>	06/26/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/02/2014

### 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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic shoulder and upper arm pain reportedly associated with an industry injury of October 25, 2010. In a Utilization Review Report dated June 26, 2010, the claims administrator denied a request for Nucynta, stating that Nucynta was a second-line medication and that there was no evidence of the failure of first-line medications. The claims administrator did not seemingly incorporate cited guidelines into its rationale, however. In a Utilization Review Report dated July 11, 2014, the attending provider appealed the previously denied medications, including Nucynta, Colace, and Protonix. The applicant had had shoulder surgery on October 8, 2013, it was stated. The attending provider posited that the applicant had failed numerous other agents, including tramadol, buprenorphine, Neurontin, Norco, and Naprosyn before Nucynta was considered. The attending provider stated that Nucynta was generating appropriate analgesia. The attending provider did not; however, state what (if any) functions had been improved as a result of ongoing Nucynta usage. In a progress report dated May 28, 2014, the applicant presented with heightened neck and shoulder pain, 7-8/10. The applicant was increasing Nucynta to four tablets daily, it was stated. The applicant had exhausted her supply of medications as she was self-increasing her supply of the same. The applicant was not working, it was acknowledged. The applicant was using four tablets of Nucynta short-acting on a daily basis, it was stated. Since the applicant was using heightened dosage of Nucynta immediate release, the attending provider suggested that the applicant begin Nucynta extended release twice daily. Work restrictions were endorsed, which were apparently resulting in the applicant's removal from the workplace.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nuncynta ER 100 mg, 1 bid for pain, #60:** Overturned

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Dosage and Administration - FDA Home Page - Food - ([www.accessdata.fda.gov](http://www.accessdata.fda.gov))

**Decision rationale:** The request in question seemingly represents a first-time request for Nucynta extended release. The MTUS does not address the topic. As noted by the Food and Drug Administration (FDA), however, Nucynta extended release is indicated in the treatment of moderate-to-severe chronic pain in applicants in whom continuous, around-the-clock analgesia is needed for an extended amount of time. In this case, the applicant does apparently have persistent, moderate-to-severe complaints of neck and shoulder pain. P.r.n. analgesia with short-acting Nucynta was apparently inadequate to control the applicant's pain complaints. A trial of extended release Nucynta is therefore indicated, as suggested by the attending provider. Accordingly, the request is medically necessary.