

<b>Case Number:</b>	CM14-0018625		
<b>Date Assigned:</b>	04/18/2014	<b>Date of Injury:</b>	06/27/1999
<b>Decision Date:</b>	07/02/2014	<b>UR Denial Date:</b>	02/06/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/13/2014

### 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 & 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 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 injured worker is a 48-year-old male who reported an injury on 06/27/1999. The mechanism of injury was not provided. The clinical documentation indicated that the injured worker was taking muscle relaxants and opiates as of 10/2005. The documentation of 01/10/2014 revealed the injured worker had a pain level that had increased since the last visit. The injured worker's pain was averaging 8/10 to 9/10. The quality of sleep was poor. The injured worker indicated that medications were working well and side effects felt by the injured worker included severe bloating. The injured worker indicated that the tramadol was helpful, but caused severe GI distress. It was indicated that the injured worker had been utilizing Norco with a maximum of 5 per day to address pain with good effect; however, the injured worker was concerned about the daily Tylenol dosage. The request was made for a trial of Nucynta 50 mg as needed for moderate to severe pain. The diagnoses included causalgia upper limb and failure of mechanical device. The documentation of 01/24/2014 revealed that the injured worker had a trial of Nucynta 5 per day and the injured worker noted that it was helpful in alleviating pain; however, the injured worker indicated that Norco was more effective in controlling the pain and reducing the right upper extremity swelling and muscle tightness than Nucynta. It was indicated that the injured worker would prefer to restart Norco. The treatment included a trial of increasing the Nucynta 50 mg at 5 per day to 75 mg 5 per day as needed for moderate to severe pain. The injured worker denied side effects. The appeal of 02/11/2014 revealed that the injured worker was initially prescribed Nucynta 50 mg #70 once every 4 to 6 hours on an as needed basis during the office visit and evaluation of 01/10/2014. It was indicated that the treatment was requested in an attempt to address the injured worker's pain and increased right upper extremity pain. The physician opined this was evidenced by objective findings which validated the presence of tenderness over the entire hand and decreased motor strength. The

injured worker was also wearing a right hand glove extending to the forearm and right splint with Velcro closures over the glove. The injured worker had previously been taking tramadol as needed for pain. The physician opined the recommendation to include Nucynta 75 mg in the treatment plan is consistent with Official Disability Guidelines opioid treatment. The request again was made for Nucynta 75 mg tablets 1 every 4 to 6 hours as needed for pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**NUCYNTA 75MG TABLET:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines MEDICATIONS FOR CHRONIC PAIN; OPIOIDS, ONGOING MANAGEMENT; OPIOID DOSING Page(s): 60, 78, 86.

**Decision rationale:** The California MTUS Guidelines recommend opiates for the treatment of chronic pain. There should be documentation of objective functional improvement and objective decrease in pain, and documentation that the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review failed to indicate an objective decrease in pain, and objective improvement in function to support the necessity. The injured worker had been utilizing opiates since the earliest documentation of 2005. The request, as submitted, failed to indicate the quantity of tablets as well as the frequency for the requested medication. Given the above, the request for Nucynta 75 mg tablets is not medically necessary.