

<b>Case Number:</b>	CM14-0178517		
<b>Date Assigned:</b>	10/31/2014	<b>Date of Injury:</b>	11/15/2011
<b>Decision Date:</b>	12/24/2014	<b>UR Denial Date:</b>	10/17/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/27/2014

### 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 Family Practice 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:

57 yr. old female claimant sustained a work injury on 11/15/11 involving the feet and left shoulder. She was diagnosed with complex regional pain syndrome, plantar fasciitis and left shoulder tendonitis. A progress note on 11/3/14 indicated the claimant had severe pain in both legs. She used a cane to ambulate. She had completed a functional restoration program. Exam findings were notable for an antalgic gait. She had been on Nucynta, Lyrica and Norco for pain for several months.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone/APAP 10/325mg, #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 Opioids Page(s): 82-92.

**Decision rationale:** Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain . It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the

claimant had been on Norco for several months without significant improvement in pain or function. The continued use of Norco is not medically necessary.

**Nucynta ER 100mg, #120:** 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 Opioids Page(s): 82-92.

**Decision rationale:** Nucynta contains opioids and is intended for managing 24-hour pain. According to the MTUS guidelines, opioids are not indicated for mechanical or compressive etiologies. In addition, the claimant had been on Norco without any change in function or pain level over several months. No one opioid is superior to another. There is no documentation of 1st line treatment such as Tylenol. In addition, there is no documentation of a controlled substance agreement or management plan. Continued use of Nucynta is not medically necessary.

**Nucynta ER 50mg, #30:** 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 opioids Page(s): 82-92.

**Decision rationale:** Nucynta contains opioids and is intended for managing 24-hour pain. According to the MTUS guidelines, opioids are not indicated for mechanical or compressive etiologies. In addition, the claimant had been on Norco without any change in function or pain level over several months. No one opioid is superior to another. There is no documentation of 1st line treatment such as Tylenol. In addition, there is no documentation of a controlled substance agreement or management plan. Continued use of Nucynta is not medically necessary.