

<b>Case Number:</b>	CM14-0025336		
<b>Date Assigned:</b>	06/11/2014	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	07/18/2014	<b>UR Denial Date:</b>	01/31/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/27/2014

### 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 Physical Medicine & Rehabilitation and is licensed to practice in Texas. 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 with a reported date of injury of 07/28/2011. The mechanism of injury reportedly occurred when a tree fell and landed on the worker. The injured worker presented with chronic persistent neck and radicular upper extremity pain. The cervical MRI dated 09/06/2013 revealed no significant change in appearance of the cervical spine status post anterior fusion at C5-7 and no instability with flexion or extension. The CT of the cervical spine dated 10/01/2013 revealed postoperative changes at C5-7, multilevel degenerative changes, and multilevel foraminal stenosis most prominent at C2-3 and C3-4 in the left and C6-7 on the right. The injured worker had a cervical epidural steroid injection dated 11/05/2013, the results of which were not provided within the documentation available for review. Nerve conduction studies performed on 11/27/2013 revealed the left ulnar motor nerve and left median sensory revealed decreased conduction velocity, the left ulnar sensory nerve showed no response, and all remaining nerves were within normal limits. EMG findings showed no evidence of electrical instability. In addition, the exams revealed that there was no evidence of left upper extremity radiculopathy, plexopathy, or other neuropathy. The cervical spine MRI dated 12/27/2013 revealed stable postoperative cervical spine without complete bony fusion at C5-6 and C6-7. Upon physical examination, the injured worker's cervical spine range of motion revealed lateral flexion bilaterally to 30 degrees, flexion to 50 degrees, extension to 5 degrees, and bilateral rotation to 45 degrees. Diagnoses included headache, cervical radiculitis, scapula fracture, and concussion. Medication regimen included Klonopin, Percocet, Nucynta ER, Lunesta, Imitrex, and Robaxin. The Authorization for the prospective request for 1 prescription of Nucynta ER 150 mg #60 was submitted on 02/27/2014. The rationale for the request was not provided within the documentation available for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **PROSPECTIVE REQUEST FOR 1 PRESCRIPTION OF NUCYNTA ER 150MG, #60:**

Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS (CRITERIA FOR USE). Decision based on Non-MTUS Citation Official Disability Guidelidnes (ODG).

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

**Decision rationale:** The California MTUS Guidelines state that the ongoing management of opioids should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Satisfactory response to treatment may be indicated by the patient's decreased pain, increase level of function, or improved quality of life. According to the clinical information provided for review, the injured worker has been utilizing Nucynta prior to 08/09/2013. There is a lack of documentation related to the therapeutic benefit of the ongoing use of Nucynta. There is a lack of documentation related to the injured worker's pain relief, functional status, appropriate medication use, and side effects. In addition, the request as submitted failed to provide frequency and directions for use. Therefore, the prospective request for 1 prescription of Nucynta ER 150 mg #60 is not medically necessary and appropriate.