

<b>Case Number:</b>	CM14-0046934		
<b>Date Assigned:</b>	07/02/2014	<b>Date of Injury:</b>	08/01/1992
<b>Decision Date:</b>	08/25/2014	<b>UR Denial Date:</b>	03/20/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/14/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 female who reported an injury on 08/01/1992. The mechanism of injury was not provided. On 03/11/2014, the injured worker presented with cervical and radicular pain in the right and left arm with weakness in the right and left arm. The diagnoses were chronic posterior cervical pain, MRI C5-6 disc protrusion, bilateral parascapular pain, intermediate left upper extremity pain and numbness, and good response to previous diagnostic medial branch nerve block. Current medications included Naprosyn, Nucynta, and Percocet. Examination of the cervical spine revealed pain to palpation over the C2-3, C3-4, and C5-6 facet capsules. There was right-sided secondary myofascial pain with triggering and a positive maximal foraminal compression test to the right. The provider recommended Nucynta ER 50 mg with a quantity of 60. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 50 mg # 60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Agency Medical Directors Group.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

**Decision rationale:** The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. After initiation of treatment, there should be documentation of an objective pain relief and improvement of function as well as documentation of side effects incurred with use. There is a lack of an objective assessment of the injured worker's pain level, functional status, evaluation for risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request is found to be not medically necessary.