

<b>Case Number:</b>	CM14-0057715		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	01/24/2011
<b>Decision Date:</b>	10/07/2014	<b>UR Denial Date:</b>	04/23/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/28/2014

### 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 Alabama. 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 patient is a 46 year old female who was injured on 01/24/2011 while performing her usual and customary work-related duties. Prior medication history included oxycodone, cyclobenzaprine, metformin, Pantoprazole, and Zoloft. She has been treated conservatively with 12 sessions of physical therapy and 16 sessions of acupuncture. Progress report dated 04/08/2014 indicates the patient returned for a follow-up visit. The patient complained of chronic wrist, hand and elbow pain. She rated her pain score as a 10/10 without medications and 5/10 with medications. She was noted as taking oxycodone 10 mg, cyclobenzaprine 10 mg, metformin 1000 mg, Pantoprazole sodium 40 mg, lisinopril 5 mg, and Zoloft 100 mg. Objective findings on exam revealed deep tendon reflexes in the upper and lower extremities are normal bilaterally. Lumbar spine range of motion revealed forward flexion to 60; hyperextension to 10; right lateral bending to 15; and left lateral bending to 15. Sitting straight leg raise is positive bilaterally. The patient is diagnosed with right shoulder pain, cubital tunnel syndrome, history of right carpal tunnel release, muscle spasm, cervical degenerative disk disease, and right cervical radiculopathy. The patient was prescribed oxycodone 10 mg and Nucynta ER. Prior utilization review dated 04/23/2014 states the requests for Nucynta ER 100mg #60; and Oxycodone HCL 10mg #150 are denied as medical necessity has not been established.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 100mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, (ODG) Treatment Index, 18th edition (web) 2013, Pain

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids Page(s): 74-95. Decision based on Non-MTUS Citation ODG), Pain, Tapentadol (Nucynta)

**Decision rationale:** The above ODG guidelines state that tapentadol (Nucynta) is "Recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opioids." In this case, note from 4/8/14 regarding medications states "No side effects are associated with these... without any intolerable side effects." Because the patient has no intolerable adverse effects with first line opioids, the request is not medically necessary. Based on the above guidelines and criteria as well as the clinical documentation stated above, the request is not medically necessary.

**Oxycodone HCL 10mg #150:** Overturned

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-97.

**Decision rationale:** The above MTUS guidelines for on-going opioid management states "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, increased level of function, or improved quality of life... The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors)." In this case, progress note from 4/8/14 addresses all "4 A's." The note states "The pain score is 10/10 without medications and 5/10 with medication... The medications prescribed are keeping the patient functional, allowing for increased mobility, and tolerance of ADL's and home exercises. No side effects are associated with these." In addition, the same note reports drug screen from 2/11/2014 as "UDS Consistent" and "There are no signs of aberrant behavior or abuse." There is no requirement for verifiable or objective evidence of functional improvement. Therefore, based on the above guidelines and criteria as well as the clinical documentation stated above, the request is medically necessary.