

<b>Case Number:</b>	CM14-0074240		
<b>Date Assigned:</b>	07/16/2014	<b>Date of Injury:</b>	07/12/2006
<b>Decision Date:</b>	08/22/2014	<b>UR Denial Date:</b>	04/21/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2014

### 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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine 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:

64y/o female injured worker with date of injury 7/12/06 with related right shoulder pain. Per progress report dated 3/26/14, she reported that her pain level had increased since her last visit. She reported that because of her incredible shoulder pain she was unable to do any activities. MRI of the cervical spine dated 6/30/08 revealed mild loss of the cervical lordotic curvature. At C3-C4, 1-2mm predominant osteophytic ridge with small underlying disc bulge. No evidence of spinal or neural foraminal stenosis. At C4-C5 and C5-C6, hypertrophic facet changes without evidence of neural foraminal stenosis. EMG/NCV dated 10/14/13 revealed right C6 and C7 radiculopathies. Treatment to date has included injections, radiofrequency ablation, TENS unit, physical therapy, and medication management. The date of UR decision was 4/21/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Dilaudid 2 mg. tablet, take 1 daily as needed, QTY: 15:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) : Pain Chapter, Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 93.

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."Review of the submitted documentation reveals partial evidence supporting the medical necessity of Dilaudid. Per progress report dated 3/26/14 it is noted that with Dilaudid the injured worker's pain is 6/10 in intensity reduced from 9-10/10 with relief lasting 3-4 hours. It is noted that she can walk three hours with it, and without it she cannot walk far. She is able to stand 1.5hr with it, versus 30 minutes without it, and sit 1.5 hours with it as opposed to 30 minutes without it. However, per urine drug screen dated 10/4/13, toxicology was negative for prescribed hydromorphone, tramadol, and gabapentin. As medication use was not appropriate, the request is not medically necessary.

**Nucynta 50 mg. tablet, take 1 daily as needed, QTY: 30:** 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)/ Pain Chapter: Nucynta.

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "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 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs."The MTUS is silent on the use of Nucynta specifically. With regard to tapentadol (Nucynta), the ODG states: "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations."Upon review of the submitted documentation, there was no documentation of failure of first line opioids. It was noted, per progress report dated 3/26/14 that, with Nucynta the injured worker's pain is 6/10 in intensity reduced from 9-10/10 with relief lasting 3-4 hours. It is noted that she can walk three hours with it, and without it she cannot walk far. She is able to stand 1.5hr with it, versus 30 minutes without it, and sit 1.5 hours with it as opposed to 30 minutes without it. However, per urine drug screen dated 10/4/13, toxicology was negative for prescribed

hydromorphone, tramadol, and gabapentin. As medication use was not appropriate, the request is not medically necessary.