

<b>Case Number:</b>	CM14-0079993		
<b>Date Assigned:</b>	07/18/2014	<b>Date of Injury:</b>	12/18/1999
<b>Decision Date:</b>	09/29/2014	<b>UR Denial Date:</b>	05/02/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/30/2014

### 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 Ohio. 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 59 year old woman who reported an injury on 12/18/1999. The mechanism of injury was not provided. Her diagnoses, pertinent surgeries, and previous diagnostics were not provided. On 01/24/2014, it was noted that the injured worker had tried numerous opiates and non-opiates over the years; however, due to her gastric bypass surgery she was limited to the medication choice. It was noted she had no adverse signs/symptoms and was able to be employed full time. The 03/04/2014 note showed the injured worker had reported as long as she is able to take 8 Nucynta per day, she was mobile, able to work, and able to carry on each day. She also reported she was walking a bit more and had more movement of upper body as long as she was on the medication. On 04/04/2014 the injured worker rated her pain level at 5.5/10 and it was noted that her functional abilities had improved and it was easier for her to get up from her desk and moving around at work seemed easier. Her medication included Nucynta 100mg no more than 8 per day. It was noted she had a home exercise program. The treatment plan was for Nucynta IR 100mg #240 for date of service 04/04/2014. The rationale for request was the medication helps her be more active. The request for authorization form was not submitted.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective request for Nucynta IR 100mg QTY: 240.00 for DOS 4/4/2014: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81, 88, 89, 93.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

**Decision rationale:** Based on the clinical information submitted for review, the retrospective request for Nucynta IR 100mg #240.00 for date of service 04/04/2014 is not medically necessary. As stated in California MTUS Guidelines, short acting opioids are seen as an effective method in controlling chronic pain. Nucynta is a central acting analgesic that exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. There should be ongoing documentation of pain relief, functional status, appropriate medication use, and side effects. The injured worker reported on 04/04/2014 that her pain level was 5.5/10. She indicated on a diagram that her pain was on her neck and on her shoulders. She reported she was walking a bit more and had more movement of the upper body as long as she was on the medication. It was reported that the injured worker had tried numerous opiates and non-opiates over the years; however, due to her gastric bypass surgery she was limited to the medication choice. Although the injured worker reported her pain level at 5.5/10, the guidelines indicate there should be a detailed pain assessment to include the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. It was documented that she was able to be employed full time and as long as she took 8 pills per day she was able to be mobile and to carry on each day. Per the guidelines, the clinical documentation should also include if the medication is being properly used, therefore, there is a lack of documentation showing the injured worker has had a recent drug screen to include results. Furthermore, the request, as submitted, did not provide a frequency. As such, the retrospective request for Nucynta IR 100mg #240.00 for date of service 04/04/2014 is not medically necessary.