

<b>Case Number:</b>	CM14-0084603		
<b>Date Assigned:</b>	07/21/2014	<b>Date of Injury:</b>	05/13/2011
<b>Decision Date:</b>	08/27/2014	<b>UR Denial Date:</b>	05/09/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/06/2014

### 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 Anesthesiology, has a subspecialty in Pain Management 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:

The injured worker is a 59 year old female injured on 05/13/11 due to undisclosed mechanism of injury. Current diagnoses included low back pain and cervicgia. Clinical note dated 05/08/14 indicated the injured worker presented complaining of worsening pain involving thoracic spine, hips, pelvis, and groin. The injured worker reported severe pain from "head to toe" rated at 7/10 on numeric pain intensity scale. Physical examination revealed hip tenderness bilaterally, bilateral sacral tenderness, and normal cervical spine and lumbar spine evaluation. Medications included Colace, Cymbalta, Cytomel, diphenhydramine, Nucynta 50mg one to two tablets every six hours, Trazadone, valium, Vivelle transdermal patch and Prometrium. The initial request for Nucynta 50mg tablets #540 was denied on 05/09/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg tablets #540:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for the use and Opioids for chronic pain Page(s): 76-77, 80.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

**Decision rationale:** As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics. The request is not medically necessary and appropriate.