

<b>Case Number:</b>	CM14-0126811		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	05/30/2011
<b>Decision Date:</b>	01/30/2015	<b>UR Denial Date:</b>	07/30/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### 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 Acupuncture and 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:

This is a 47 year old female injured worker with date of injury 5/30/11 with related neck and right shoulder pain. Per progress report dated 7/1/14, the injured worker also complained of right shoulder numbness. Per physical exam, there was no noticeable gross deformity. She had normal range of motion at the shoulder. She had pain to the lateral aspect of the greater tuberosity with range of motion. She had pain with direct palpation of the AC joint. There was noticeable swelling at the right trapezius. There was tenderness to palpation at the right paracervical and trapezius muscle and to the medial scapular border, spasm was also noted. Treatment to date has included physical therapy, right shoulder arthroscopic surgery, and medication management. The date of UR decision was 7/30/14.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg Quantity: 50:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

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

**Decision rationale:** Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going 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 non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (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." Review of the available medical records reveals no documentation to support the medical necessity of Nucynta or any documentation addressing the '4 A's' domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document pain relief, functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. UDS report dated 8/13/14 was included in the documentation and was consistent with prescribed medications. The MTUS recommends to discontinue opioids if there is no overall improvement in function. Furthermore, the documentation submitted for review did not contain evidence of failure of first line opioids. Medical necessity cannot be affirmed. Therefore, the request for Nucynta is not medically necessary.