

<b>Case Number:</b>	CM14-0178582		
<b>Date Assigned:</b>	12/12/2014	<b>Date of Injury:</b>	03/16/1995
<b>Decision Date:</b>	01/16/2015	<b>UR Denial Date:</b>	10/07/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/28/2014

### 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 and Rehabilitation, has a subspecialty in Pain Medicine, Spinal Cord Medicine and is licensed to practice in Massachusetts. 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 claimant has a history of a work injury occurring on 03/19/95 when, while working as a dispatcher, she developed right arm, shoulder, and hand pain. She subsequently sustained a fall in July 1995. She had ongoing difficulty working and was taken out of work in August 1995 and has not returned to work since. Treatments included right shoulder arthroscopic surgery in January 1996, a right carpal tunnel release in November 1996, left wrist ligament repair in August 1997, and a second left wrist surgery in June 1998. She was seen by the requesting provider on 09/15/14. She was having constant neck pain radiating into the right upper extremity with numbness and tingling. She was having severe muscle spasms and difficulty sleeping. She was having low back pain radiating into the lower extremities. Pain was rated at 10/10 without medications and 6/10 with medications. There had been an 80% improvement lasting three weeks after a stellate ganglion block in July 2014. She had been able to decrease her medication use. Physical examination findings included appearing in distress. She had an antalgic gait. There was decreased right upper extremity range of motion with decreased sensation and strength. There was right upper extremity allodynia and tenderness of both hands. She had lumbar paraspinal muscle spasm. There was right lower extremity allodynia. She had severely decreased right shoulder range of motion. Authorization for a second stellate ganglion block was requested. Gabapentin 600 mg #90, lactulose #474, tizanidine 4 mg #90, Lidoderm #30, Nucynta ER 100 mg #60, hydrocodone / acetaminophen 10/325 mg #150, Restoril 30 mg #30, lisinopril 5 mg, and nitroglycerin ER 2.5 mg were being prescribed. On 10/13/14 she was having ongoing symptoms. Pain was rated at 10/10 without medications and 5/10 with medications. She was having severe constipation. Physical examination findings appear unchanged. Medications were refilled.

## IMR ISSUES, DECISIONS AND RATIONALES

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

### **One (1) prescription of Nucynta ER 100mg #50: Overturned**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Nucynta

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints, Opioids, criteria for use, Opioids, dosing Page(s): 8, 76-80, 86.

**Decision rationale:** The claimant is nearly 20 years status post work-related injury and continues to be treated for chronic right upper extremity pain. Medications include Nucynta and hydrocodone / acetaminophen at a approximate MED (morphine equivalent dose) of 120 mg per day. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta ER is a long acting opioid used for the treatment of baseline pain. In this case, the claimant has undergone multiple right upper extremity surgical procedures. Nucynta ER is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is approximately 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of Nucynta ER is medically necessary.