

Case Number:	CM14-0200189		
Date Assigned:	12/10/2014	Date of Injury:	08/01/2006
Decision Date:	01/29/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/01/2014

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 Family Practice 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 55 year old female patient who sustained a work related injury on 8/1/2006. Patient sustained the injury due to cumulative trauma. The current diagnoses include chronic myofascial pain syndrome, cervicothoracic spine, and moderate to severe cervical radiculopathy; Bilateral carpal tunnel syndrome; status post-surgical release of left carpal tunnel syndrome; chronic sprain of the bilateral shoulders; chronic daily headaches. Per the doctor's note dated 10/20/14, patient has complaints of migraine type headaches; pain and numbness in both of her hands and wrists; and constant neck pain that from 7-8/10. Physical examination of the revealed ranges of motion of the cervical spine were slightly to moderately restricted in all planes. Per the doctor's note dated 10/08/14 patient had complaints of neck pain with intermittent radicular symptoms to the upper extremity at 7-8/10, pain to the lower back and headache. Physical examination of the cervical spine revealed positive axial compression and positive distraction test, decreased sensation over the C6 dermatome, 2+ reflexes, and motor Strength was slightly decreased with elbow extension and flexion. Physical examination of the lumbar spine revealed tenderness to the paraspinal muscle, +2 muscle spasms and decrease sensation over the anterolateral aspect of the calf. The current medication lists include wellbutrin, Trazodone, Cyclobenzaprine, Nucynta, Topiramate and Naproxen. The patient has had MRI of the low back on 8/15/12 that revealed mild disc degeneration at L3 to S1, posterior disc protrusion and L5-S1 facet joint arthropathy; EMG on 10/15/12 that revealed severe sensorimotor median neuropathy bilaterally; MRI of the cervical spine on 1/24/14 that revealed multilevel posterior disc protrusion and X-ray of the cervical spine revealed disc space narrowing. The patient's surgical history include right shoulder surgery in 10/2008, removal of scar tissue of right shoulder on 10/2011, cervical ESI, left CTR on 2/5/13, and right CTR on 6/11/13. The patient has received an unspecified number of PT visits.

for this injury. She has had a urine drug toxicology report on 2/3/14 that was negative for opioid. The patient has used a cervical collar for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Central acting analgesics; Opioids for neuropathic pain Page(s): 75; 82.

Decision rationale: Nucynta, is a centrally acting analgesic with a dual mode of action as an agonist of the opioid receptor and as a norepinephrine reuptake inhibitor. It is similar to tramadol in its dual mechanism of action. According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain." Nucynta use is recommended for treatment of episodic exacerbations of severe pain. The current diagnoses include chronic myofascial pain syndrome, cervicothoracic spine, and moderate to severe cervical radiculopathy; Bilateral carpal tunnel syndrome; status post-surgical release of left carpal tunnel syndrome; chronic sprain of the bilateral shoulders; chronic daily headaches Per the doctor's note dated 10/20/14, patient has complaints of migraine type headaches; pain and numbness in both of her hands and wrists; and constant neck pain that from 7-8/10 and physical examination of the revealed ranges of motion of the cervical spine were slightly to moderately restricted in all planes Per the doctor's note dated 10/08/14 patient had complaints of neck pain with intermittent radicular symptoms to the upper extremity at 7-8/10, pain to the lower back and headache. Physical examination of the cervical spine revealed positive axial compression and positive distraction test, decreased sensation over the C6 dermatome, and motor Strength was slightly decreased with elbow extension and flexion and physical examination of the lumbar spine revealed tenderness to the paraspinal muscle, +2 muscle spasms and decrease sensation over the anterolateral aspect of the calf. The patient has had MRI of the low back on 8/15/12 that revealed mild disc degeneration at L3 to S1, posterior disc protrusion and L5-S1 facet joint arthropathy; EMG on 10/15/12 that revealed severe sensorimotor median neuropathy bilaterally; MRI of the cervical spine on 1/24/14 that revealed multilevel posterior disc protrusion and X-ray of the cervical spine revealed disc space narrowing The patient's surgical history include right shoulder surgery in 10/2008, removal of scar tissue of right shoulder on 10/2011, cervical ESI, left CTR on 2/5/13, and right CTR on 6/11/13 Patient is already taking a NSAID and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain

and the patient's medical condition can have intermittent exacerbations. Having Nucynta available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. This request for Nucynta 50mg #120 is deemed as medically appropriate and necessary.