

<b>Case Number:</b>	CM15-0004312		
<b>Date Assigned:</b>	01/15/2015	<b>Date of Injury:</b>	03/25/2003
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/08/2015

### 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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 57-year-old female who reported an injury on 03/25/2003. On 12/09/2014, she presented for a followup evaluation. She reported bilateral arm, elbow, forearm, wrist, hand, and wrist extensor pain with numbness in the bilateral hands. Her medications included metformin 500 mg 2 times a day, Prempro 0.45/1.5 mg daily, Lexapro 20 mg daily, Lyrica 150 mg 2 times a day, Motrin 800 mg 3 times a day, baclofen 20 mg 2 times a day, Nucynta 100 mg by mouth q. 6 hours as needed for pain, morphine sulfate IR 30 mg by mouth daily as needed for pain, Flonase, medical THC, and Buspirone 10 mg 3 times a day. A physical examination of the bilateral upper extremities showed range of motion was restricted by pain in all directions and provocative maneuvers were positive. Tinel's, Phalen's, and Durkan's tests were positive. There was tenderness upon palpation of the bilateral elbows, wrists, lateral epicondyle, as well as the right brachioradialis. There was increased pain at the right lateral epicondyle with resisted wrist extension, and Tinel's at the elbow and carpal tunnel were positive bilaterally. Nerve root tension signs were negative, muscle stretch reflexes were symmetric bilaterally in the upper extremities, and there was clonus, Babinski's, and Hoffmann's signs absent bilaterally. Muscle strength was a 5/5 in the bilateral upper extremities, Waddell's signs were not tested, and the remainder of the examination was noted to be unchanged. She was diagnosed with bilateral upper extremity repetitive injury, status post bilateral ulnar nerve transposition surgery, status post right wrist arthroscopic surgery, status post right carpal tunnel release, bilateral upper extremity internal derangement/tendinitis/sprain and strain, and diabetes mellitus. It was noted that the injured worker showed 50% improvement in her pain when taking

Nucynta and morphine sulfate IR together and showed a 50% improvement in her activities of daily living. It was noted that she did not show any aberrant behaviors and had no adverse effects. The treatment plan was for Nucynta 100 mg 120 count. The rationale for treatment was to continue to alleviate the injured worker's pain.

### **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nucynta 100 mg, 120 count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Section. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Managment. Page(s): 78.

**Decision rationale:** The California MTUS Guidelines state that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the bilateral upper extremities. However, there is a lack of documentation showing that the injured worker has been screened for aberrant drug taking behaviors to support the request. No official urine drug screens or CURES reports were provided for review to validate her compliance with her medication regimen. Also, the frequency of the medication was not provided within the request. Therefore, the request is not supported. As such, the request is not medically necessary.