

<b>Case Number:</b>	CM15-0134916		
<b>Date Assigned:</b>	07/21/2015	<b>Date of Injury:</b>	03/06/2001
<b>Decision Date:</b>	08/24/2015	<b>UR Denial Date:</b>	06/11/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/13/2015

### 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: New York, West Virginia, Pennsylvania  
 Certification(s)/Specialty: Emergency Medicine

### 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 54 year old with an industrial injury dated 03/06/2001. Her diagnoses included neck pain, cervical strain and cervical sprain. Prior treatment included trigger point injections, physical therapy and medications. She presented on 06/03/2015 with complaints of pain in her left shoulder and neck. The pain is associated with spasms in her mid-back. The pain without medication is rated 7/10 and with current medications, her pain was not at all better. Physical exam noted not antalgic gait. She had limited range of motion in her left shoulder due to pain. She had moderate tenderness to palpation over the left anterior and posterior shoulder. Treatment plan included discontinuing Lyrica, Ultram and Baclofen. She was to start Nucynta and Mobic and was encouraged to increase her daily exercise and stretching program. The treatment request is for Nucynta 50 mg #90.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #90:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids  
Page(s): 74-96.

**Decision rationale:** Guidelines support short-term use of opiates for moderate to severe pain after first line medications have failed. Long-term use may be appropriate if there is functional improvement and stabilization of pain without evidence of non-compliant behavior. In this case, there is no documentation regarding the patient's pain and daily activity and a urine drug screen was not done to determine medical compliance. The request for Nucynta 50 mg #90 is not medically appropriate and necessary.