

<b>Case Number:</b>	CM15-0148463		
<b>Date Assigned:</b>	08/11/2015	<b>Date of Injury:</b>	02/02/2009
<b>Decision Date:</b>	09/08/2015	<b>UR Denial Date:</b>	06/30/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	07/30/2015

### 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: Massachusetts

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 52-year-old male, who sustained an industrial injury on February 02, 2009. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having tinnitus, migraine, chronic pain syndrome, severe neurological disorder secondary to meningitis, shoulder derangement, right knee derangement secondary to fall due to lower extremity weakness, and severe debility secondary to injuries and effects of meningitis. Treatment and diagnostic studies to date has included psychotherapy, status post shoulder surgery, electromyogram with nerve conduction study, magnetic resonance imaging of the cervical spine, lumbar puncture, computed tomography, medication regimen, and magnetic resonance imaging of the lumbar spine. In a progress note dated February 24, 2015, the treating physician noted a medication regimen of Oxycodone and a topical cream that allowed for a decrease use in Oxycodone. The progress note also noted the requested medications of Fentanyl Patches, Percocet, pain cream, Flexeril, and Pamelor. In a progress note dated March 24, 2015 the treating physician reports complaints of severe pain to the bilateral legs, worsening pain to the bilateral shoulders, and worsening, constant pain to the low back that radiates to the right lower extremity, along with weakness to the legs, difficulty sleeping, memory issues, and migraines. Examination reveals poor memory recall, severe bilateral lumbar paravertebral muscle spasm, decreased lumbar range of motion, weakness to the right lower extremity with decreased sensation, decreased range of motion to the left shoulder, decreased strength to the left shoulder, positive supraspinatus testing to the left shoulder, mild edema to the right knee, positive lateral joint space tenderness, and decreased

range of motion to the right knee. The progress note did not indicate the injured worker's current medication regimen along with no documentation indicating the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's current medication regimen. In addition, the documentation provided did not indicate if the injured worker experienced any functional improvement with use of his medication regimen. The treating physician requested Nucynta 50mg with a quantity of 60, but the documentation provided did not indicate the specific reason for the requested medication.

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

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

**Nucynta 50mg #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 (3) Weaning of Medications, p124 Page(s): 76-80, 86, 124.

**Decision rationale:** The claimant sustained a work-related injury in February 2009 and is being treated for bilateral lower extremity pain and right shoulder pain after two arthroscopic shoulder surgeries, most recently in April 2013. Medications prescribed include Fentanyl and Percocet. Reducing and weaning pain medications is referenced since at least February 2014. Nucynta (tapentadol) is an immediate release short acting medication often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction there is no documentation that this medication is providing decreased pain, increased level of function, or improved quality of life. The total MED cannot be determined nor can whether this dosing represents a weaning of opioid medications as stated in the requesting provider's plan. The request cannot be considered as being medically necessary.