

<b>Case Number:</b>	CM15-0180762		
<b>Date Assigned:</b>	10/13/2015	<b>Date of Injury:</b>	10/14/2002
<b>Decision Date:</b>	11/25/2015	<b>UR Denial Date:</b>	09/06/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/14/2015

### 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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 39 year old male who sustained an industrial injury on 10-14-2002. A review of medical records indicates the injured worker is being treated for brachial plexopathy. Medical records dated 8-10-2015 noted brachial plexus distribution with numbness and weakness. Physical examination noted weakness and numbness to the right hand. Treatment has involved Nucynta and Adderall. Nucynta since at least 4-16-2015. Utilization review form dated 9-6-2015 noncertified Nucynta 50mg #120.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

**Decision rationale:** Based on the 8/10/15 progress report provided by the treating physician, this patient presents with pain in brachial plexus distribution with numbness/weakness. The treater has asked for Nucynta 50mg #120 but the requesting progress report is not included in the provided documentation. The patient's diagnoses per request for authorization dated 8/24/15 are CRPS and TOS. The patient has constant neck and arm pain per 6/10/15 report. The patient's right hand is 3 degrees warmer and swollen per 4/16/15 report. The patient has had 3 prior shoulder surgeries, unspecified, per 4/4/14 report. The patient is currently on modified work duties per 8/10/15 report. MTUS, criteria for use of opioids section, pages 88 and 89 states that "pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, criteria for use of opioids section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, criteria for use of opioids section, page 77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, medications for chronic pain section, page 60 states that "relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." The treater does not discuss this request in the reports provided. The patient has been taking Nucynta since 4/4/14 and in reports dated 4/16/15, 6/10/15, and 8/10/15. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. There is no UDS, no CURES and no opioid contract provided. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Therefore, the request is not medically necessary.