

<b>Case Number:</b>	CM15-0184381		
<b>Date Assigned:</b>	09/24/2015	<b>Date of Injury:</b>	04/15/2003
<b>Decision Date:</b>	11/06/2015	<b>UR Denial Date:</b>	09/10/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/18/2015

### 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, Hawaii  
 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 49-year-old female, who sustained an industrial injury on 4-15-2003. The injured worker was being treated for reflex sympathetic dystrophy not otherwise specified, cervical postlaminectomy syndrome at C4-6 (cervical 4-6), depressive disorder not elsewhere classified, contracted palmar fascia, and carpal tunnel syndrome status post repairs. On 8-31-15, the injured worker reported ongoing chronic bilateral hand pain. She reported she is distressed and in pain, and reports that medication titration does not help. She is in bed all day. She reported limb pain, neck pain, and numbness and tingling of her affected limbs. Her pain was rated 8 out of 10. Her pain has severely increased since being out of her Norco for 3 weeks. The physical exam revealed the injured worker is anxious and depressed without signs of intoxication or withdrawal. The injured worker was holding or supporting the affected body part or area. Per the treating physician (8-31-15 report), the injured worker has tapered her use of Nucynta from a maximum of 400mg per day to 100 mg per day at this time. She no longer uses Norco and her pain has increased since being out of Norco for 3 weeks. The injured worker meets the four A's of MTUS guidelines of analgesia, lack of aberrant behavior, efficacy, and activities of daily living. The injured worker is able to be home alone, drive her car with assistive devices to the grocery store or physician's office, get dressed without the need for fine motor control with excessive buttoning, do light food prep, and pick up a fork and feed herself with her medications and psychological treatment. On 3-27-2015, a drug screen was positive for Tapentadol and negative for Hydrocodone. On 7-20-2015, a urine drug screen was positive for Tapentadol, Nordiazepam, Temazepam, and Oxazepam. Surgeries to date have included cervical

fusion at C4-6 (cervical 4-6). Treatment has included physical therapy, occupational therapy, acupuncture, massage, hypnotherapy, transcutaneous electrical nerve stimulation (TENS), heating pad, ice, home exercise program, stellate ganglion blocks, psychological treatment, cognitive behavioral therapy, and medications including pain (Nucynta since at least 3-2015 and Norco), antiepilepsy (Topiramate), Namenda, antianxiety (Valium), and antidepressant (Sertraline and Savella). Per the treating physician (8-31-15 report), the injured worker is disabled. The requested treatments included Nucynta 50mg #60. On 9-10-2015, the original utilization review non-certified a request for Nucynta 50mg #60.

### **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:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

**Decision rationale:** The records indicate the patient has complaints of neck and limb pain along with numbness and tingling of the affected limbs. The current request for consideration is Nucynta 50mg #60. The attending physician states she has severe bilateral complex regional pain syndrome and minimal usage of both hands. He states this medication has neuroleptic component that other opioids do not have. He states this is the best opioid for her. He states she does not use high amounts and that he will consider taper to 1 per day prn after her blocks. As per MTUS guidelines, the criteria for use of opioids in the management of chronic pain include: prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy; ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, while there is clear documentation of severe pain there is no documentation of the 4 A's. There is no documentation of improved functional improvement with the use of this medication. There is also no documentation of adverse side effects or aberrant drug behaviors. The MTUS requires much more thorough documentation for continued opioid usage. The medical records are not consistent with MTUS guidelines and therefore the request is not medically necessary.