

<b>Case Number:</b>	CM15-0195485		
<b>Date Assigned:</b>	10/09/2015	<b>Date of Injury:</b>	01/21/1988
<b>Decision Date:</b>	11/18/2015	<b>UR Denial Date:</b>	09/21/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/05/2015

### 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: North Carolina, Georgia  
 Certification(s)/Specialty: Family Practice

### 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 64 year old male who sustained an industrial injury on 1-21-88. The injured worker reported pain in the neck, bilateral shoulders, left arm and right knee. A review of the medical records indicates that the injured worker is undergoing treatments for chronic lumbar spine syndrome, chronic insomnia due to pain and history of chronic dependence on narcotic pain medications. Medical records dated 9-8-15 indicate pain rated at 5 to 6 out of 10. Provider documentation dated 9-8-15 noted the work status as permanent disability. Treatment has included Roxicodone since at least April of 2015, Methadone since at least September of 2015, and Norco. Objective findings dated 9-8-15 were notable for "appears more stiff with transfers and has to use a single point cane...ongoing antalgic gait." The original utilization review (9-21-15) denied a request for Nucynta ER 150mg #60.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 150mg #60:** Upheld

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

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

**Decision rationale:** CA MTUS allows for the use of opioid medication, such as Nucynta, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record documents prior treatment with roxicodone which reportedly provided subjective relief. The record did not use validated method of monitoring opioid use and did not contain any assessment of presence or absence of high risk behaviors. There was no documentation of any urine drug screen to assess compliance with opioid therapy. The record does not support medical necessity of opioid therapy with Nucynta.