

<b>Case Number:</b>	CM15-0206107		
<b>Date Assigned:</b>	10/23/2015	<b>Date of Injury:</b>	10/29/1993
<b>Decision Date:</b>	12/11/2015	<b>UR Denial Date:</b>	09/14/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	10/20/2015

### 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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative 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 63 year old, male who sustained a work related injury on 10-29-93. A review of the medical records shows he is being treated for bilateral shoulder pain. In the progress notes dated 8-6-15 and 9-3-15, the injured worker reports bilateral shoulder pain. He reports "pain level has increased since last visit." He rates his pain a 5 out of 10 with medications and a 7-10 out of 10 without medications. On physical exam dated 9-3-15, right shoulder movements are restricted due to pain. Left shoulder reveals swelling in the left upper arm especially in the hand. Left shoulder range of motion is restricted. He has left shoulder tenderness in the subdeltoid bursa. Treatments have included medications and left shoulder injections. Current medications include Nucynta, Pepcid, Atenolol, Gemfibrozil and Metformin. Oxycontin was changed to Nucynta at his 8-6-15 visit. He is not working. The treatment plan includes requesting again for Nucynta and a referral to an orthopedic surgeon. The Request for Authorization dated 9-4-15 has request for a referral to an orthopedic surgeon. In the Utilization Review dated 9-14-15, the requested treatment of Nucynta 50mg. #120 is not medically necessary.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #120, no refill (one every 4-6 hours as needed for pain, RX date 9/4/15):**

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 - Tapentadol (Nucynta).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain, Opioids for osteoarthritis, Opioids, cancer pain vs. nonmalignant pain, Opioids, dealing with misuse & addiction, Opioids, differentiation: dependence & addiction, Opioids, dosing, Opioids, indicators for addiction, Opioids, long-term assessment.

**Decision rationale:** Regarding the request for tapentadol (Nucynta), California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function (in terms of specific examples of objective functional improvement), there is documentation regarding side effects and aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta 50mg #120, no refill (one every 4-6 hours as needed for pain, RX date 9/4/15) is not medically necessary.