

<b>Case Number:</b>	CM15-0021785		
<b>Date Assigned:</b>	02/11/2015	<b>Date of Injury:</b>	04/17/2013
<b>Decision Date:</b>	03/31/2015	<b>UR Denial Date:</b>	01/09/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/05/2015

### 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: New Jersey, Michigan, California  
 Certification(s)/Specialty: Neurology, Neuromuscular 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 38 year old male with an industrial injury dated 04/17/2013. The mechanism of injury is documented as walking across a roof when he fell through a hole and landed 30 feet on to a beam. Injuries sustained were facial fracture and multiple contusions. Later he developed right shoulder and right knee pain. On 12/14/2014 he presented for follow up with complaints of bilateral shoulder pain, chest wall pain, thoracic pain, bilateral knee pain lower back and heel pain. He complains of neck pain radiating into the upper extremities. He states Norco is not helping much with his symptoms. Tenderness and spasms were noted to the cervical paraspinal muscle, right AC joint and glenohumeral joint. Right shoulder abduction and flexion to 160 degrees was associated with pain. Tenderness was noted in the lumbar paraspinal muscle and right knee. MRI of the right shoulder dated 01/21/2014 showed medial meniscus oblique tear of the anterior horn and possible horizontal tear of the body of the medial meniscus. Prior surgical treatment included left shoulder arthroscopy with two-row suture anchor supraspinatus repair, suture repair of superior border subscapularis and debridement of type I SLAP lesion in 2014 and jaw surgery in 2013. Other treatments included medications. Diagnosis was chronic pain due to multiple injuries, cervical degenerative disc disease, thoracic degenerative disc disease, lumbar degenerative disc disease and status post right mandibular fracture with open reduction and internal fixation. The provider requested Nucynta IR 75 mg one by mouth twice daily for intermittent pain. On 01/09/2015 the request for Nucynta IR 75 mg # 60 30 day supply was non-certified by utilization review. MTUS is silent regarding Nucynta. Guidelines cited were: Drugs.com at <http://www.drugs.com/tapentadol.html> and ODG.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta IR 75MG #60, 30 Day Supply:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Drugs.Com at <http://www.drugs.com/tapentadol.html>, Official Disability Guidelines (ODG)/Pain Chapter: Tapentadol (Nucynta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules:"(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These 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." In the current case, the patient was using opioids without documentation of significant pain or functional improvement. There is no documentation of compliance with prescribed drugs. The medical records also do not include a pain contract for the use of opiates. Therefore the prescription of Nucynta IR 50mg #60 is not medically necessary.