

<b>Case Number:</b>	CM15-0023344		
<b>Date Assigned:</b>	02/12/2015	<b>Date of Injury:</b>	10/17/2012
<b>Decision Date:</b>	03/25/2015	<b>UR Denial Date:</b>	01/31/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/06/2015

### 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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

### 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 29 year old female, who sustained an industrial injury on 10/17/2012. The current diagnosis is chronic regional pain syndrome of the left ankle following left ankle surgery for a fracture. Currently, the injured worker complains of ongoing left ankle pain. Current medications are Nucynta, Amitriptyline, and Effexor. Treatment to date has included medications, physical therapy, and surgery. The treating physician is requesting Nucynta 100mg #120, which is now under review. On 1/31/2015, Utilization Review had non-certified a request for Nucynta 100mg #120. The Nucynta was modified to #90. The Official Disability Guidelines were cited.

### IMR ISSUES, DECISIONS AND RATIONALES

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

#### **1 Prospective request for 1 prescription of Nucynta 100mg #120: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, page 76-80 (2) Opioids, dosing, page 86.

**Decision rationale:** The claimant is more than two years status post work-related injury and continues to be treated for CRPS of the left ankle. Medications included Nucynta at a total morphine equivalent dose of nearly 150 mg per day. The claimant is noted to be working and tolerating medications well. Guidelines recommend against opioid dosing in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication is appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.