

<b>Case Number:</b>	CM15-0048434		
<b>Date Assigned:</b>	03/20/2015	<b>Date of Injury:</b>	11/21/2001
<b>Decision Date:</b>	05/01/2015	<b>UR Denial Date:</b>	03/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	03/13/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 58-year-old who has filed a claim for chronic low back, elbow, shoulder, ankle, wrist, and head pain reportedly associated with an industrial injury of November 21, 2001. In a Utilization Review Report dated March 12, 2015, the claims administrator failed to approve a request for Nucynta. An RFA form received on March 5, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On March 5, 2015, the applicant reported ongoing complaints of low back pain, knee pain, and elbow pain. The applicant's medications included Ambien, BuTrans, Lyrica, Norco, Tegaderm, Lunesta, Allegra, Losartan, metformin, Prilosec, Zocor, Welchol, mesalamine, and Lopressor. The applicant was rarely using medical marijuana, it was suggested. The applicant was asked to change over to Nucynta and consider a functional restoration program. The applicant was deemed "permanently disabled." The applicant was also receiving Social Security Disability Insurance (SSDI), in addition to workers compensation indemnity benefit benefits, it was acknowledged.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #100, take 1 every 12 hrs for a week, the 1-2 every 12 hrs: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Title 8, California Code of Regulations, (Effective July 18, 2009).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

**Decision rationale:** No, the request for Nucynta, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are engaged in illegal activity, such as using illicit substances. Here, the applicant was apparently using marijuana, an illicit substance. Discontinuing opioids, thus, was a more appropriate option than continuing the same. Therefore, the request was not medically necessary.