

<b>Case Number:</b>	CM14-0211327		
<b>Date Assigned:</b>	12/24/2014	<b>Date of Injury:</b>	10/24/2006
<b>Decision Date:</b>	02/20/2015	<b>UR Denial Date:</b>	11/18/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/16/2014

### 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, 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 56-year-old female who reported an injury on 10/24/2006. The mechanism of injury was not submitted for review. The injured worker has diagnoses of: anxiety, unspecified; acquired hypothyroidism; depressive disorder; obesity; hypoglycemia; PTSD; grief reaction; insomnia; arthritis of the base of the joint of the thumb; and asthma. Medications include diphenhydramine, Synthroid, Nasonex, Cytomel, temazepam, PENNSAID, Cymbalta, Percocet, cyclobenzaprine, Xartemis, and Nucynta. Past medical treatment consists of surgery, home exercise program, and medication therapy. No UAs or drug screens were submitted for review. On 11/20/2014, the injured worker complained of knee pain equally on both sides. She presents with pain on right and left side equally. The injured worker rated the pain at a 5/10. Physical examination of the knee revealed a normal gait, alignment was normal, there was no ecchymosis or effusion. At this time there was no abnormal skin coloration. No calf tenderness. Homans' sign was negative. Flexion was 110 degrees, extension was 0 degrees. The medical treatment plan is for the injured worker to continue with medication therapy. Rationale and Request for Authorization form were not submitted for review.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #90 with 2 refills:** 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), Web Edition

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 78.

**Decision rationale:** The request for Nucynta 50mg #90 with 2 refills is not medically necessary. The California MTUS Guidelines recommend providing ongoing education on both the benefits and limitations of opioid treatment. The guidelines recommend the lowest possible dose should be prescribed to improve pain and function. The guidelines also state that ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects be documented in reports. The pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The submitted documentation did not indicate that the injured worker had failed to respond to nonopioid analgesics. Additionally, the documentation submitted for review lacked any evidence of the efficacy of the medication. There was also no complete and accurate pain assessment of aberrant behaviors. Furthermore, the request as submitted did not indicate a frequency of the medication. Given the above, the injured worker is not within MTUS recommended guidelines. As such, the request is not medically necessary.