

<b>Case Number:</b>	CM14-0214382		
<b>Date Assigned:</b>	01/07/2015	<b>Date of Injury:</b>	08/16/2011
<b>Decision Date:</b>	02/28/2015	<b>UR Denial Date:</b>	12/05/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/22/2014

### 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: Arizona, California  
 Certification(s)/Specialty: Family Practice

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47 yr. old male claimant sustained a work injury on 8/16/11 involving the upper extremities. He was diagnosed with complex regional pain syndrome, bilateral cubital tunnel syndrome and carpal tunnel syndrome. He had surgical releases of his wrist disorders. A progress note on 12/9/14 indicated the claimant had been on Oxycodone and Oxycontin for pain along with Trazadone. He had previously used Morphine and Gabapentin, Exam findings were notable for upper extremity muscle muscle spasms, restricted range of motion of the shoulders and reduced sensation in the left arm . The physician requested Nucynta for the claimant to treat post-operative ulnar transposition surgery pain.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100 MG #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

**Decision rationale:** According to the guidelines, opioids are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on numerous high potency opioids for months. There is no indication that one opioid is superior to another. Pain scale responses to other medications and their failure to provide relief are not provided. The request for Nucynta is not medically necessary.