

<b>Case Number:</b>	CM14-0216909		
<b>Date Assigned:</b>	01/06/2015	<b>Date of Injury:</b>	07/02/2012
<b>Decision Date:</b>	03/03/2015	<b>UR Denial Date:</b>	12/03/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	12/26/2014

### 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: New Jersey  
 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:

The worker is a 48 year old female who was injured on 7/2/12 when a client pulled and twisted her left arm. She was diagnosed with left shoulder rotator cuff sprain/tendinitis/bursitis. She was treated with trigger point injections, opioids (Nucynta), Flector patches, ibuprofen, Cymbalta, and physical therapy/home exercises. Norco was documented as being tried due to headaches and inability to fall asleep. Tramadol was also tried but was ineffective, reportedly. Percocet was tried as well, but with dizziness as the side effect. This led her to Nucynta use, which was used for at least many months before this request. On 11/14/14, the worker was seen by her treating physician, reporting continual left shoulder pain, rated at 4/10 on the pain scale with her medications and 8/10 on the pain scale without her medications. She reported fair quality sleep and that the medications were working well without side effects. A discussion with the shoulder surgeon was planned for 3 days later for consideration of a surgical procedure for her left shoulder. She was then recommended to continue her medications as before (ibuprofen, Flector patch, Cymbalta, Nucynta, and Colace).

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

**Decision rationale:** The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was trial and failure of many opioid medications before starting Nucynta. Nucynta had been used for at least many months leading up to this request for continuation. There was some evidence of benefit, however, the reported pain levels and vague reports of benefit were labeled as being from her "medications", which implies that collectively they reduced her pain. There was no report of the worker's functional ability and pain levels with and without the use of Nucynta, specifically, which would be needed in order to justify continuation of this medication. Therefore, the Nucynta will be considered medically unnecessary.