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| <b>Case Number:</b>   | CM15-0003898 |                              |            |
| <b>Date Assigned:</b> | 01/14/2015   | <b>Date of Injury:</b>       | 01/10/2009 |
| <b>Decision Date:</b> | 03/10/2015   | <b>UR Denial Date:</b>       | 12/24/2014 |
| <b>Priority:</b>      | Standard     | <b>Application Received:</b> | 01/08/2015 |

### 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: New York

Certification(s)/Specialty: Internal Medicine, Pulmonary Disease

### 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 55 year old female, who sustained an industrial injury on 1/10/2009. The diagnoses have included right shoulder impingement syndrome and right partial thickness tear confirmed by Magnetic Resonance Imaging (MRI), status post rotator cuff repair. Treatment to date has included Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Norco, neurontin, physical therapy, home exercises, and shoulder joint injections reporting 70% improvement in symptoms lasting 2-3 weeks. Currently, the IW complains of acute increased right shoulder pain rated 7-9/10 VAS associated with tingling, numbness, and paresthesia shooting down right upper extremity, not relieved with medication. Physical exam December 15, 2014 documented restricted and painful Range of Motion (ROM), decreased light touch sensation, tenderness and muscle spasm. Diagnoses included right shoulder partial thickness tear status post rotator cuff repair, chronic myofascial pain syndrome, depression and diabetic polyneuropathy. On 12/24/2014 Utilization Review non-certified Nucynta 50mg three times a day QTY #45, noting documentation did not indicate initiation of the medication to warrant a weaning quantity be dispensed. The MTUS Guidelines were cited. On 1/8/2015, the injured worker submitted an application for IMR for review of Nucynta 50mg three times a day #45.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg # 45; three times per day (prescribed 12/15/2014): Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines/Pain Chapter: Tapentadol (Nucynta)

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids On-Going Management Page(s): 78 - 79.

**Decision rationale:** The patient had shoulder surgery and is already taking NSAIDS and Norco (opiate). The request is for Nucynta (another opiate). MTUS criteria for on-going opiate treatment requires documentation of analgesia, adverse effects, improved functionality with respect to activities of daily living or return to work and monitoring for drug seeking abnormal behavior. The documentation provided for review does not meet these criteria. An additional opiate is not medically necessary.