

Case Number:	CM15-0010306		
Date Assigned:	01/27/2015	Date of Injury:	07/08/2010
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/19/2015

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: 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:

The injured worker is a 56 year old female, who sustained an industrial injury on 07/08/2010. She has reported neck pain and bilateral shoulder pain. The diagnoses have included cervical disc disease; left thoracic outlet syndrome with associated vascular headaches, vertebrobasilar artery insufficiency and dizziness; bilateral rotator cuff tears; and bilateral carpal tunnel syndrome. Treatment to date has included medications. Medications have included Nucynta, Xanax, and Antivert. A progress note from the treating physician, dated 12/15/2015, documented a follow-up visit with the injured worker. The injured worker reported ongoing pain; completed angiogram; Nucynta helpful and allows her to continue to function. Objective findings included bilateral shoulders with limited range of motion due to pain; and no longer has restriction in range of motion of the left shoulder. The treatment plan has included continuation and request for medications; and follow-up evaluation as scheduled. On 01/09/2015 Utilization Review noncertified a prescription for Nucynta 100 mg TID PRN #90 for the bilateral shoulders and the cervical spine. The ODG was cited. On 01/16/2015, the injured worker submitted an application for IMR for review of a prescription for Nucynta 100 mg TID PRN #90 for the bilateral shoulders and the cervical spine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg TID PRN #90 for the bilateral shoulders and cervical spine: Upheld

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

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

Decision rationale: According to the MTUS 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 Nucynta for over 6 months. There was no indication of Tylenol failure. Pain scores were not provided to know level of pain relief. Long-term use of Nucynta can lead to addiction and tolerance. The claimant had to raise the dose from 75 mg tid to 100 mg tid over 2-3 months. The continued use of Nucynta is not medically necessary.