

<b>Case Number:</b>	CM15-0111182		
<b>Date Assigned:</b>	06/17/2015	<b>Date of Injury:</b>	02/02/2010
<b>Decision Date:</b>	07/16/2015	<b>UR Denial Date:</b>	06/02/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/09/2015

### 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 Jersey, Alabama, California  
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

### 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 50 year old male, who sustained an industrial injury on 2/2/2010. He reported pain due to repetitive use of the upper extremities. Diagnoses have included bilateral carpal tunnel syndrome status post release, congenital cervical stenosis with element of cervical radiculopathy and bilateral lateral epicondylitis. Treatment to date has included surgery and medication. According to the progress report dated 5/21/2015, the injured worker complained of neck, elbow and wrist pain. Current medications included Lyrica, Dilaudid and Effexor XR. Exam of the cervical spine revealed tenderness to palpation and limited range of motion due to pain. Exam of the lumbar spine revealed spasm and tenderness. Range of motion was restricted by pain. Lumbar facet loading was positive on both sides. There was tenderness to palpation over the right and left lateral epicondyles. Authorization was requested for Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 50mg #90:** 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), Opioids.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 70-76.

**Decision rationale:** According to MTUS guidelines, ongoing use of opioids should follow specific rules: "a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence and documentation from the patient's file, of a continuous need for Nucynta. There is no clear objective documentation of functional improvement or significant reduction of pain severity with previous use of Nucynta. There is no documentation of intolerance of first line opioids. Therefore, the prescription of Nucynta ER 50mg #90 is not medically necessary.