

<b>Case Number:</b>	CM15-0118383		
<b>Date Assigned:</b>	06/26/2015	<b>Date of Injury:</b>	08/09/2001
<b>Decision Date:</b>	07/27/2015	<b>UR Denial Date:</b>	06/03/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/18/2015

### 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

### 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 59-year-old female who reported an industrial injury on 8/9/2001. Her diagnoses, and/or impressions, are noted to include intractable pain syndrome; cervical myospasms; status-post anterior cervical discectomy and fusion, with the development of a non-union at cervical 6-7; status-post posterior fusion with instrumentation and use of local bone; and a history of fibromyalgia. Recent x-rays of the cervical spine were done on 1/15/2015; and magnetic imaging studies of the bilateral shoulders on 12/15/2014. Her treatments are noted to include an agreed medical examination and impairment rating on 12/1/2014; bilateral cervical facet blocks on 5/4/2015; medication management signed agreement and toxicology screenings; and rest from work. The progress notes of 5/7/2015 noted a follow-up visit status-post cervical facet blocks on 5/4/2015, reporting a 75% improvement in pain and symptoms, along with continued tightness and soreness in the shoulder muscles, sensitivity in the neck tissue, and less frequent and intense headaches that were also shorter in duration; also that the soreness in her joints worsened in cold weather, and that her pain was reduced to moderate with the use of her medications. Objective findings were noted to include improved pain with increased function with the use of her medications; no aberrant drug behaviors; and the lowest possible dose was being prescribed from only 1 practitioner. The physician's requests for treatments were noted to include the continuation of Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75mg #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Oxymorphone (Opana).

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

**Decision rationale:** Per the MTUS Guidelines, cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury of 2001 without acute flare, new injury, or progressive deterioration. The Nucynta 75mg #120 is not medically necessary and appropriate.