

Case Number:	CM15-0124784		
Date Assigned:	07/09/2015	Date of Injury:	10/14/2002
Decision Date:	08/07/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	06/29/2015

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 39 year old male, who sustained an industrial injury on 10/14/2002. He reported cumulative trauma injuries including bilateral shoulder, bilateral elbow, wrists, hands, neck and includes headaches. Diagnoses include complex regional pain syndrome (CRPS), brachial plexus neuropathy, tendinopathy of right shoulder and bilateral carpal tunnel syndrome, depression, anxiety, and pain disorder associated with medical condition. Treatments to date include medication therapy, physical therapy, and nerve blocks. Currently, he complained of ongoing symptoms. On 5/14/15, the physical examination documented weakness in the hand. The plan of care included Nucynta 50mg tablets four times a day #120, Flexeril 10mg tablets three times a day #90; and Adderall 25mg twice a day #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, CRPS Page(s): 82-92, 35-40.

Decision rationale: According to the guidelines, opioids such as Nucynta are not indicated 1st line for mechanical or compressive etiologies. First line medications include Tyelnol or NSAIDS. Long-term use has not been studied. In addition, intervention for CRPS includes blocks, stimulators and anti-epileptics. Nucynta is also not a 1st line opioids such as Hydrocoone. Continued and chronic use of Nucynta is not medically necessary.