

<b>Case Number:</b>	CM15-0125210		
<b>Date Assigned:</b>	07/09/2015	<b>Date of Injury:</b>	01/31/2008
<b>Decision Date:</b>	08/07/2015	<b>UR Denial Date:</b>	06/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	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: California

Certification(s)/Specialty: Emergency 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 60 year old male who sustained work related injury January 31, 2008. While working with a forklift he felt his left shoulder pop. Past history included left shoulder surgery, 2003. An MRI of the left shoulder, dated May 7, 2014, show severe glenohumeral arthrosis, chronic degenerative circumferential labral tear with blunted morphology of labrum and underlying glenoid spurring. According to a primary treating physician's progress report, dated June 3, 2015, the injured worker presented with a lower backache, rated 5.5/10 with medication and 8/10 without medication with radiation to right buttock. The quality of his sleep is poor. Examination of the lumbar spine reveals loss of normal lordosis with straightening of the lumbar spine. Range of motion is restricted with range of motion to pain. On palpation, paravertebral muscles, tenderness and tight muscle band is noted on both the sides. Lumbar facet loading is negative on both sides. Straight leg raise is positive on the right side in a sitting position at 90 degrees and no tenderness is noted over the entire spine. Inspection of the right shoulder revealed a positive Hawkins, Neer's, and lift-off tests are positive. Inspection of the right shoulder revealed deformity with scar. Movements are restricted with flexion limited to 83 degrees by pain, extension 18 degrees limited by pain and abduction 78 degrees limited by pain but normal adduction. Empty Cans test is positive, lift-off, speeds, and drop arm test are positive. A previous UDS (urine drug screen) dated February 11, 2015, was positive for alcohol and negative for pain medications. The injured worker was counseled regarding drinking with pain medications. Diagnosis is documented as pain in joint. At issue, is the request for authorization for Nuycenta.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

**Decision rationale:** Nucynta is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. MTUS guidelines recommend short-term use of opioids. Documentation does not meet the appropriate documentation. Patient has chronically been on Nucynta with no documented improvement in pain or function. There is documentation of pain improvement from 8 to 5.5 but use is only at night. There is no objective improvement in function documented. Long-term plan is not documented. It is unclear why patient needs to be on an opioid-like medication when patient does not need to take it during the daytime. There is no documentation of weaning plan or transitioning to non-opioid or other pain medications. While patient had a single positive urine drug test positive for alcohol, a single positive result does not automatically constitute a breach of opioid agreement. With no documentation of functional improvement or long term plan, continued Nucynta therapy is not medically necessary.