

<b>Case Number:</b>	CM15-0168449		
<b>Date Assigned:</b>	10/01/2015	<b>Date of Injury:</b>	07/28/2011
<b>Decision Date:</b>	11/09/2015	<b>UR Denial Date:</b>	08/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/26/2015

### 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, Oregon, Washington  
 Certification(s)/Specialty: Orthopedic Surgery

### 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 51-year-old male, who sustained an industrial-work injury on 7-28-11. He reported initial complaints of neck, shoulder, bilateral wrists, and hand pain. The injured worker was diagnosed as having status post head injury with skull, cheek, and C3 fracture, status post 2 level cervical fusion in 2014, bilateral ulnar nerve releases in 2013 and 2014, persistent right ulnar neuropathy, status post left wrist and multiple rib fractures from injury, chronic migraine headaches, and vertigo. Treatment to date has included medication, medial branch block (C3-5, left side), surgery (arthroscopic extensive debridement right elbow anterior, lateral, and posterior compartments with release of capsule and debridement of osteophytes and removal of large loose body), physical therapy, and diagnostics. Currently, the injured worker complains of chronic neck, shoulder, bilateral wrists, and hand pain. The neck pain was more on the left side. There were daily headaches. Pain was rated 7 out of 10. He has numbness and tingling in the hands and weakness in the right hand. The pain disturbs sleep. Current medications include Percocet, Cymbalta, Klonopin, Sumatriptan, and Elavil. Nucynta was tried at 150 mg twice daily and worked the best. He is currently not working. Per the primary physician's progress report (PR-2) on 7-21-15; cervical exam notes limited range of motion. Shoulder exam notes limited range of motion and impingement maneuvers were difficult to test, and good muscle mass. Wrist and hand exam notes atrophy of the first dorsal interossei muscle on the right hand and also hypothenar area, reduced grip strength, positive Tinel's of medial elbow and normal range of motion. Neurological exam was normal. The Request for Authorization requested service to include Nucynta ER 150mg #60. The Utilization Review on 8-7-15 denied the request for Nucynta ER 150mg #60, per CA MTUS (California Medical Treatment Utilization Schedule), Chronic Pain Medical Treatment Guidelines 2009.

## **IMR ISSUES, DECISIONS AND RATIONALES**

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

**Nucynta ER 150mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Medical Treatment 2009.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Tapentadol (Nucynta).

**Decision rationale:** The CA MTUS/ACOEM Guidelines are silent on Nucynta. According to Official Disability Guidelines Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the exam notes provided do not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore, the request is not medically necessary.