

<b>Case Number:</b>	CM15-0026467		
<b>Date Assigned:</b>	02/18/2015	<b>Date of Injury:</b>	06/29/2011
<b>Decision Date:</b>	04/02/2015	<b>UR Denial Date:</b>	01/15/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	02/11/2015

### 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, Michigan, 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 36 year old male, who sustained an industrial injury on June 29, 2011. He reported an injury to his right shoulder. The diagnoses have included right shoulder pain, right shoulder internal derangement, right shoulder surgeries and right shoulder impingement. Treatment to date has included medications, TENS, right shoulder surgery, physical therapy and diagnostic studies. Currently, the injured worker complains of pain in the right and left shoulder. He describes the pain as achy and stabbing and rates the pain a 6 on a 10-point scale. The injured worker reports that the pain is worse with overhead activity and that pain medications do help alleviate the pain. On examination, the injured worker has tenderness to palpation of the right shoulder and is restricted in range of motion in all directions. His muscle strength is 5/5 and sensation is intact. On January 15, 2015 Utilization Review modified a request for Nucynta 50 mg, #60 with three refills, noting that the injured worker was status post his surgery with significant range of motion reduction, with stiffness and moderately severe pain and positive impingement sign; the medication was modified to only on refill. The California Medical Treatment Utilization Schedule was cited. On February 11, 2015, the injured worker submitted an application for IMR for review of Nucynta 50 mg, #60 with three refills.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 50 mg, sixty count with three refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

**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. 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. In the current case, the patient was using opioids without documentation of significant pain or functional improvement. There is no recent documentation of compliance with prescribed drugs. Therefore, the prescription of Nucynta 50mg #60, with 3 refills is not medically necessary.