

<b>Case Number:</b>	CM15-0065559		
<b>Date Assigned:</b>	04/13/2015	<b>Date of Injury:</b>	01/21/2005
<b>Decision Date:</b>	05/19/2015	<b>UR Denial Date:</b>	03/17/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/06/2015

### 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 York, West Virginia, Pennsylvania  
 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 49 year old male who sustained an industrial injury on 1/21/2005. His diagnoses, and/or impressions, include shoulder pain; cervical radiculopathy; and ulnar neuropathy. No current magnetic resonance imaging studies or electrodiagnostic studies are noted. His treatments have included surgeries; left shoulder arthroscopy (2006); medication management; and that he is currently not working. The history notes a separate industrial injury for which treatment is being sought, and Percocet prescribed. The progress notes of 2/25/2015 noted complaints that included increased left shoulder and elbow pain, and stating no change/improvement when taking the medications, in fact stating that the medications are less effective. Also stated was that the pain is controlled well with the use of Norco and Oxycontin, twice a day, but that these were recently denied and the injured worker cannot tolerate pain without medications; also that he is unable to afford them out of pocket. The physician's requests for treatments included Embeda and Nucynta.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Embeda 30mg #60:** Upheld

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Embada (morphine/naltrexone).

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

**Decision rationale:** Guidelines state that Embeda may be appropriate for moderate to severe pain when continuous analgesic therapy is warranted. However, Embeda is recommended for patients who are at risk for abuse of opioids and for opioid tolerant patients. In this case, the patient had been taking opioids for chronic elbow and shoulder pain, but there are no indications that the patient was at risk for abuse of opioids by altering recommended oral use. The request for Embeda 30mg #60 is not medically necessary.

**Nucynta 50mg #90:** Upheld

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

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

**Decision rationale:** Guidelines state Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the patient had been taking opioids for chronic elbow and shoulder pain, and there were no clinical findings of intolerable adverse effects. The request for Nucynta 50mg #90 is not medically necessary.