

<b>Case Number:</b>	CM15-0092311		
<b>Date Assigned:</b>	05/18/2015	<b>Date of Injury:</b>	11/19/2003
<b>Decision Date:</b>	06/18/2015	<b>UR Denial Date:</b>	05/07/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/13/2015

### 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 56 year old female, who sustained an industrial injury on 11/19/2003. She has reported injury to the left shoulder, left arm, left elbow, and left hand/wrist, right hand/wrist, and right shoulder. The diagnoses have included left shoulder capsulitis with subacromial impingement syndrome; left wrist capsulitis and median nerve dysesthesias; spinal cord stimulator placement; right shoulder acromioplasty; right shoulder capsulitis; carpal tunnel syndrome right and left; left hand capsulitis with median nerve dysesthesia; and right-sided epicondylitis. Treatment to date has included medications, diagnostics, injections, spinal cord stimulator placement, physical therapy, and surgical interventions. Medications have included Nucynta, Cymbalta, Lyrica, Gralise, and Ibuprofen. A progress note from the treating physician, dated 04/30/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of right shoulder pain, aching, swelling, and tenderness; pain is rated as an 8 on a scale of 1-10; the pain shoots down the arm; she is status post right endoscopic carpal tunnel release and right thumb metacarpophalangeal joint fusion, on 04/13/2015; and she has continued substantial benefit of the medications. Objective findings included muscle strength for right biceps, right triceps, right shoulder abductors, right shoulder adductors are 3/5; slight amount of topical allodynia for the bilateral upper extremities; surgical wounds are healing well; tenderness to palpation of the right lateral epicondyle; right shoulder with tenderness to palpation along the trapezius muscle; spasm noted at the trapezius and cervical paracervicals; tenderness to palpation of the right biceps tendon; increased carpal tunnel syndrome across both wrists, with right being markedly severe, with positive Tinel's and Phalen's testing, and with decreased sensation in the median nerve distribution. The treatment plan has included the request for Nucynta 50mg quantity 60.

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

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

**Nucynta 50mg quantity 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, Pain, Chronic, Tapentadol (Nucynta).

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

**Decision rationale:** According to the guidelines, opioids are not indicated for compressive or mechanical etiologies. Tylenol, NSAIDs or Tricyclics are indicated as 1st line for joint and back pain. In this case, the claimant was on NSAIDs and Nucynta for at least a year. There was no indication of failure of alternative lower dose opioids. Although there was mention on 4/30/15 that there is 90% improvement in pain with medications at the lowest dose, there was no indication of trial of reduced dose of Nucynta trial in the chart or alternative use of a Tricyclic. Continued and chronic use of Nucynta is not indicated and not medically necessary.