

Case Number:	CM15-0095218		
Date Assigned:	05/21/2015	Date of Injury:	07/19/2013
Decision Date:	06/29/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/18/2015

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 41 year old female who sustained an industrial injury on 07/19/2013. Treatment provided to date has included: physical therapy (unknown number of sessions); lumbar injection (1); and medications. Diagnostic tests performed include: electromyography and nerve conduction velocity studies of the upper extremities (02/25/2015) which revealed evidence of mild right and left median nerve lesion at the wrist; electromyography and nerve conduction velocity studies of the lower extremities (02/26/2015) which revealed no evidence of peripheral or lumbosacral nerve root pathology; cervical MRI (08/05/2014) showing straightening of the cervical lordosis and disc desiccation with 1-2mm disc bulges at C4-5 and C5-6 without nerve root compression; MRI of the thoracic spine (08/05/2014) showing a 3mm disc protrusion at T8-9 without nerve root compression; and MRI of the lumbar spine (08/05/2014) showing decreased disc height with disc desiccation and a 2mm disc bulge and mild narrowing of the L5 neural foramina bilaterally. There were no noted previous injuries or dates of injury, and no noted comorbidities. On 04/10/2015, physician progress report noted complaints of neck and left shoulder pain, and low back muscle spasms. The neck and left shoulder pain was not rated for severity; but the pain was described as worsening and limiting activities. The injured worker reported that her previous lumbar injection had provided 75% relief of pain and symptoms in the low back. The injured worker was currently being treated with amitriptyline for neuropathic pain and difficulty sleeping, Amrix for flare-up of muscle spasms, Nucynta ER for chronic pain, and Nucynta IR for breakthrough pain. The injured worker reported that her medications improve her quality of life and allow her to complete her activities

of daily living. The physical exam revealed decreased left shoulder strength due to pain, tenderness over the cervical paraspinals and facet joints at the left C5-6 and C6-7, decreased range of motion in the cervical spine, diffuse tenderness in the left shoulder, pinpoint tenderness over the supraspinatus, decreased range of motion in the left shoulder, positive drop arm test, and an antalgic gait. The provider noted diagnoses of low back pain, lumbar radiculitis, neck pain, lumbar discogenic pain, cervical discogenic pain, cervical facet pain, left shoulder pain, myofascial pain, thoracic pain, thoracic discogenic pain, chronic pain syndrome, and carpal tunnel syndrome. Plan of care includes a cognitive behavioral therapy, Nucynta 50mg #120 and Nucynta 100mg #60, and refills on other medications. Requested treatments include: Nucynta 50mg #120 and Nucynta 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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 mechanical or compressive etiologies. Long-term use has not been studied with Nucynta. The claimant had been on a combined dose of Nucynta of 350mg which exceeds the 120 mg Morphine equivalent limit. There was no mention of a weaning attempt. The continued use of Nucynta 50 mg as above combined with the Nucynta 100 mg tabs is not medically necessary.

Nucynta 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints, Chronic Pain Treatment Guidelines Opioids Page(s): 91.

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 mechanical or compressive etiologies. Long-term use has not been studied with Nucynta. The claimant had been on a combined dose of Nucynta of 350mg which exceeds the 120 mg Morphine equivalent limit. There was no mention of a weaning attempt. The continued use of Nucynta 100 mg as above combined with the Nucynta 50 mg tabs is not medically necessary.