

<b>Case Number:</b>	CM15-0099788		
<b>Date Assigned:</b>	06/02/2015	<b>Date of Injury:</b>	06/26/2007
<b>Decision Date:</b>	06/30/2015	<b>UR Denial Date:</b>	05/19/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/26/2015

### 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: Ohio, North Carolina, Virginia  
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:

This 52 year old woman sustained an industrial injury on 6/26/2007. The mechanism of injury is not detailed. Evaluations include lumbar spine MRI dated 1/11/2011. Diagnoses include pain in joint of ankle/foot, sacrum disorders, and ulnar nerve lesion. Treatment has included oral medications, heat, ice, home exercise program, soft padded elbow braces, surgical intervention, and TENS unit. Physician notes dated 5/1/2015 show complaints of left ankle, low back, and bilateral hand pain. The pain levels are rated 8/10 without medications and 2-3/10 with medications. Recommendations include Nucynta, functional restoration program, continue home exercise program, cushioned exercise mat, bilateral padded elbow braces, and follow up in four weeks.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Retrospective (DOS 4/3/15) Nucynta 75mg Qty 30: Overturned**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-81.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

**Decision rationale:** Those prescribed opioids like Nucynta chronically require ongoing assessment of analgesia, functionality, medication side effects, and any evidence of aberrant drug taking behavior. Opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. In this instance, the injured worker reports VAS improvement in pain with the use of Nucynta and has returned to employment full-time. The utilization reviewer denied a refill of Nucynta 75 mg #30 on the basis that there was no signed opioid agreement, no pharmacy database monitoring, no urine drug screening, and no evaluation by a psychologist/psychiatrist to evaluate for opioid misuse. Nucynta 75 mg #30 (retro to 4/3/15) is medically necessary and appropriate. The injured worker has regained full-time employment. A urine drug screen from within the last calendar year was referenced and consistent with prescribed medication. A pain/opioid agreement is not required by the guidelines. Physicians may consider pharmacy database monitoring for those at risk for opioid misuse, but it is not required. Lastly, a physician may consider a psychological consult if there is evidence of depression, anxiety, or irritability. In this case, there is no documentation of such concerns.