

<b>Case Number:</b>	CM13-0022819		
<b>Date Assigned:</b>	06/06/2014	<b>Date of Injury:</b>	08/16/2007
<b>Decision Date:</b>	09/26/2014	<b>UR Denial Date:</b>	09/04/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/11/2013

### 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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### 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 patient is a 56-year-old male who has submitted a claim for history of ORIF procedure, right wrist for distal radial fracture associated with an industrial injury date of August 16, 2007. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of worsening right wrist and left shoulder pain in 2013. However, there are no recent progress notes to determine the patient's present status. Treatment to date has included open reduction internal fixation of the right wrist for a distal fracture, left shoulder arthroscopy for type III acromion and partial thickness tear of supraspinatus and labrum, medications, exercises, TENs unit, Nucynta and glucosamine.

### 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:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

**Decision rationale:** The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG) was used instead. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. When patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In this case, the patient had been on Nucynta since 2012. The reason provided was that he was not able to tolerate traditional analgesics. The analgesics mentioned however, were NSAIDs, from which, the patient had been having gastrointestinal distress. There was no trial of first-line opioids mentioned. Furthermore, there are no recent progress reports to indicate the present status of the patient and to support the current request for Nucynta. The guidelines only recommend Nucynta use if there was documentation of intolerable adverse effects with first-line opioids use. Therefore, the request for NUCYNTA 50MG #120 is not medically necessary.