

Case Number:	CM13-0017335		
Date Assigned:	09/23/2013	Date of Injury:	06/04/2010
Decision Date:	01/30/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	08/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Pediatric and Toxicology has a subspecialty in Pain Management and is licensed to practice in Massachusetts and New York. 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 physician 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 55 year old male with date of injury on 6/4/2010. Ever since patient has been treated for sharp achy chronic back and shoulder pain. Patient has undergone multiple modes of therapy including chiropractic therapy. The medication in dispute is Nucynta 75 mg

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg, #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-96.

Decision rationale: Nucynta is an opioid. Criteria used MTUS and pubmed literature review. After reviewing the available documents it is reasonable to conclude that patient has reached a plateau level with regard to her back pain. Also multiple trials with other opioid medication has failed to produce any sustained positive effect. MTUS guidelines (page 82), recommends that opioids for neuropathic pain is not recommended as first line therapy. Some modifications in the

indication has been documented in the MTUS guideline such as treatment of cancer pain etc. But patients present documented clinical situation does not indicate such medical condition.