

Case Number:	CM13-0032893		
Date Assigned:	04/25/2014	Date of Injury:	03/14/2011
Decision Date:	07/04/2014	UR Denial Date:	07/11/2013
Priority:	Standard	Application Received:	07/23/2013

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 Internal 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 injured worker is a 58-year-old male who reported an injury on 03/14/2011; the mechanism of injury was not provided. The clinical note dated 12/06/2013 noted the injured worker presented with some indentation of the deltoid muscle to the right shoulder postsurgery. Upon examination of the bilateral lower extremities, there was a positive straight leg raise to the right, diminished sensation in the L3 and L4 nerve root distribution and the lower right extremity. Examination of the left knee included positive medial joint line tenderness, positive patellofemoral facet tenderness, and a positive McMurray's test. The diagnoses were right shoulder status post arthroscopy, rotator cuff repair, healed, status post lumbar spine decompression, degenerative disc disease of the lumbar spine from L1-2, neuropathic pain in right lower extremity, left shoulder impingement syndrome and AC joint synovitis, cervical strain, right knee status post ACL reconstruction, right knee instability secondary to neuropathy right lower extremity, left knee strain, ankle arthrosis bilaterally, plantar fasciitis bilaterally, and depression. Prior treatment included a right shoulder rotator cuff repair, and medication management. The current treatment plan included diclofenac, omeprazole, and tramadol. The provider recommend Nucynta 60 mg; the rationale was not provided within the documents. The Request for Authorization Form was dated 07/03/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 60MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Nucynta 60 mg is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. There is a lack of exceptional factors provided in the documentation submitted to support approving outside guideline recommendations. The providers request did not specify the frequency of the medication. As such, the request is non-certified.