

Case Number:	CM13-0033935		
Date Assigned:	12/06/2013	Date of Injury:	11/02/1999
Decision Date:	02/07/2014	UR Denial Date:	09/26/2013
Priority:	Standard	Application Received:	10/14/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 54-year-old female who reported an injury on 11/02/1999. The patient is currently diagnosed with insomnia, complex regional pain syndrome in the right lower extremity, reflex sympathetic dystrophy in the lower extremity, CRPS in the right upper extremity, and depression with anxiety. The patient was seen by [REDACTED] on 11/11/2013. Physical examination revealed tenderness in the right knee and positive allodynia. Treatment recommendations included a urine drug screen and continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUNCYNTA 50MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

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

Decision rationale: Official Disability Guidelines state Nucynta is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Nucynta is FDA approved for the relief of moderate to severe acute pain. As per the clinical notes

submitted, the patient was prescribed Nucynta on 09/16/2013. Despite ongoing use, the patient continued to report right lower extremity pain with activity limitation on 10/14/2013 and 11/11/2013. The patient rates her pain as 8/10 with medications. Satisfactory response to treatment has not been indicated. Therefore, ongoing use cannot be determined as medically appropriate. As such, the request is non-certified.