

Case Number:	CM13-0034145		
Date Assigned:	12/06/2013	Date of Injury:	07/02/2012
Decision Date:	01/28/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	10/22/2013

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 Neurology, has a subspecialty in Neuromuscular, 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 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:

██████████ is a 46 year old woman who sustained a work related injury involving her left shoulder on July 12 2012. According to the note of August 30 2013, there is a report of left shoulder and elbow pain, as well as neck pain. Her pain severity was 8/10. Physical examination showed left shoulder movement limitation and tenderness. The patient failed Percocet and Norco because of adverse reactions. Tramadol was reported ineffective. The provider requested authorization for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg tabs #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-77.

Decision rationale: According to MTUS guidelines, the use of opioids should be part of a treatment plan that is tailored to the patient. The patient failed percocet and Norco and continued to need to use other medications. There is no clear organic cause of her pain. The contribution of

somatization, anxiety and depression was not addressed. There is no clear plan to adjust the use of Nucynta to the patient condition. Therefore, Nucynta is not medically necessary.