

Case Number:	CM13-0038767		
Date Assigned:	12/18/2013	Date of Injury:	09/10/2012
Decision Date:	02/10/2014	UR Denial Date:	09/05/2013
Priority:	Standard	Application Received:	10/02/2013

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 Internal Medicine and is licensed to practice in 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 claimant is a 57 year old male who sustained a work injury on 09/10/2012. He injured his left arm and shoulder while lifting a heavy bag of clothes. His diagnoses include joint pain in the arm and shoulder. He has demonstrated arthritis involving the left shoulder. On exam he has a frozen left shoulder. He has been treated with medical therapy including opioids, physical therapy, and a cortisone injection. The treating provider has requested Nucynta ER TER 150mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective 60 Tablets of Nucynta ER TER 150 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Other Medical Treatment Guideline or Medical Evidence: Medscape Internal Medicine Chronic Pain 2.

Decision rationale: Per the reviewed medical literature, Nucynta is recommended as second line therapy for patient who develops intolerable affects with first line opioids. The claimant is maintained on short acting opioid therapy with Norco 10/325. Per California MTUS Guidelines, short-acting opioids such as Norco are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. The treatment of chronic pain with any

opioid agent requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain: last reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid, and the duration of pain relief. Per the medical documentation there is no history of intolerance to first line opioid therapy. In addition, the accepted criteria for the management of chronic pain with opioid therapy have not been met. Medical necessity for Nycynta ER TER 150 has not been established. The requested treatment is not medically necessary.