

Case Number:	CM13-0048451		
Date Assigned:	04/25/2014	Date of Injury:	01/05/2011
Decision Date:	05/27/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 Physical Medicine and Rehabilitation, 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 a work-related injury on 1/5/11. The mechanism of injury was not noted in the documentation. The injured worker's diagnoses include cervical pain, cervical radiculopathy, cervical disc disorder, and shoulder pain. On 10/25/13, the injured worker was seen for a follow-up visit with complaints of neck pain. The patient noted that he was taking medication as prescribed and it did seem to be less effective with no side effects reported. Also, the injured worker noted increased neck pain and bilateral upper extremity pain. The pain level without medication was 9/10. Due to the pain, there has been a noted decrease in his activity level. On physical exam, the physician noted moved neck range of motion; however, it was restricted at flexion 45 degrees and extension 20 degrees with pain, and Spurling's maneuver caused radicular symptoms on the right. A shoulder exam noted restricted movements with flexion limited to 90 degrees, extension 25 degrees, abduction 82 degrees, and internal rotation 30 degrees. Motor testing was limited due to pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION: NUCYNTA 50MG #50: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG).

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

Decision rationale: According to the California MTUS guidelines, the ongoing management of opioids should include detailed documentation of pain relief, functional status, and the "4 A's" for ongoing monitoring which include analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. The documentation provided did note the injured worker had no adverse side effects from the medication and the physician also stated no aberrant drug-taking behaviors were noted. However, the documentation provided did not show the analgesia effect the medication has had for the patient, or any kind of increased functionality or activities of daily living. Also, the request as it was submitted failed to include the frequency and therefore, necessity cannot be determined. Therefore, the request for Nucynta is not medically necessary.