

Case Number:	CM13-0049437		
Date Assigned:	12/27/2013	Date of Injury:	06/03/2003
Decision Date:	03/24/2014	UR Denial Date:	10/08/2013
Priority:	Standard	Application Received:	11/07/2013

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 Illinois. 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 46-year-old male who reported injury on 06/03/2003. The mechanism of injury was due to cumulative trauma. The most recent physical examination revealed the patient's medications were Nucynta 75 mg 2 to 3 per day, naproxen 500 mg 2 per day, and senna 8.6/50 mg 2 per day. The patient denied changes in symptoms at the last office visit. The patient's pain in the neck, mid back and low back were 3/10 to 5/10. The patient had tenderness to palpation. The patient denied side effects. The patient's diagnoses were history and physical of the lumbar spine and facet arthropathy of the lumbar spine. Request was made for medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg, 1 by mouth three times a day as needed # 90: 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 Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: California MTUS Guidelines indicate that opiates are appropriate treatment for chronic pain. There should be documentation of objective functional improvement, an objective decrease in the VAS score, adverse side effects, and evidence of monitoring for

aberrant behavior. Clinical documentation submitted for review indicated the patient had no side effects. The patient indicated the medications decreased his pain and normalized his function. However, there was a lack of documentation of objective decrease in the VAS score and objective functional improvement. There was a lack of documentation of evidence monitoring for aberrant drug behavior. Given the above, the request for Nucynta 75mg, 1 by mouth three times a day as needed, # 90 is not medically necessary.