

Case Number:	CM13-0050264		
Date Assigned:	12/27/2013	Date of Injury:	12/06/2011
Decision Date:	03/07/2014	UR Denial Date:	10/25/2013
Priority:	Standard	Application Received:	11/12/2013

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 & Rehabilitation, has a subspecialty in Interventional Spine 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:

The patient is a 28 year old male with date of injury 12/06/11. According to progress report dated 10/02/13 by [REDACTED], the patient complains of pain in the left hand and left upper extremity. The patient has been doing home exercises with desensitization and has seen some improvement with the symptoms. Unfortunately, he has been complaining of ongoing headaches and migraines. Objective findings showed left hand hyperalgesia, difficulty making a fist. The request under dispute is for Nucynta 75mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 60-61.

Decision rationale: This patient presents with chronic left hand and left upper extremity pain. Treater is requesting a refill of Nucynta 75mg for pain relief. For chronic opiate use, MTUS guidelines require functioning documentation using a numerical scale or a validated instrument

at least once every 6 months. Documentation of the four A's (Analgesia, ADL's, Adverse side-effects, Adverse behavior) are also required. Furthermore, under outcome measures, MTUS recommends documentation of current pain; average pain; least pain; time it takes for medication to work; duration of pain relief with medications, etc. The review of the report from 11/02/12 show that the patient has been prescribed Nucynta since this report. The treater's report from 08/02/13 has the following regarding medication efficacy: "The patient states that the medications have been of benefit and will continue to use as prescribed." Unfortunately, there are no other documentations such as numerical assessment of pain/function, the four A's required by MTUS and any outcome measures as defined above despite review of reports from 11/02/12 to 10/02/13. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, on-going use of this opiate cannot be authorized. Recommendation is for denial.