

Case Number:	CM13-0051242		
Date Assigned:	12/27/2013	Date of Injury:	04/24/2008
Decision Date:	05/08/2014	UR Denial Date:	10/11/2012
Priority:	Standard	Application Received:	11/14/2013

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 Occupational Medicine, 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic foot pain, chronic fatigue syndrome, knee pain, knee osteomyelitis, and a variety of derivative issues associated with an industrial injury sustained on April 24, 2008. Thus far, the applicant has been treated with multiple foot incision and drainage procedures, a knee arthroscopy, transfer of care to and from various providers in various specialties, analgesic medications, and a wheelchair. An earlier note of April 8, 2013 was notable for comments that the applicant remained permanently disabled. Dexilant for reflux and Tribenzor for hypertension were endorsed. On August 22, 2013, the applicant was described as using Nucynta, Dexilant, and Tribenzor. Urine drug testing was performed at that time. On August 19, 2013, the attending provider noted that the applicant remained essentially wheelchair bound, lives alone, and remained off of work, on permanent disability. The applicant was given prescriptions for Dexilant, Tribenzor, and Nucynta for severe breakthrough pain only. A home health aide was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: Nucynta is an opioid. As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, these criteria have not been met. The applicant is off of work. The applicant has been deemed permanently disabled. There is no evidence of any improvement in function effected as a result of ongoing, long-term Nucynta usage. There is no evidence of successful reduction in pain scores achieved as a result of ongoing Nucynta usage. Therefore, the request for Nucynta is not certified.