

Case Number:	CM13-0055744		
Date Assigned:	12/30/2013	Date of Injury:	02/01/1999
Decision Date:	04/01/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/21/2013

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, has a subspecialty in Pain Management and is licensed to practice in Texas. He/she has been in active clinical practice for more than five years and is currently working least at 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 50-year-old female who reported injury on 02/01/1999. The earliest documentation of 04/15/2013 revealed the patient's medications were Lidoderm patch 5%, senna/Docusate 50/8.6 mg, gabapentin 600 mg, Exalgo ER 8 mg tablets, Nucynta 100 mg tablets, and Nexium 20 mg capsules. The mechanism of injury was not provided. The patient's diagnoses were noted to include cervical radiculopathy, myalgia/myositis, fibromyalgia, headaches, depression, anxiety, bilateral shoulder pain, chronic pain other, status post bilateral shoulder surgery, status post detoxification, rheumatoid arthritis, and cervicogenic headaches. The documentation submitted for review with the request indicated that the patient had low back pain radiating to bilateral lower extremities and complained of back pain radiating to bilateral upper extremities as well as complaints of bilateral shoulder pain. The patient's average pain level was 9/10 with medications and 10/10 without medications. It further indicated that the patient and the physician had a discussion regarding the impact of the medications on function and activities of daily living, expectations of therapy, medication compliance, and potential adverse side effects. It was indicated the patient met the criteria for continuation of medication management for specific indications. The request was made for Nucynta 100 mg, half tablet every 6 hours, 2 months' supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg 1/2 tab every 6 hours; 2 month supply: Upheld

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

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 recommend opiates for chronic pain. There should be documentation of an objective increase in function, objective decrease in the VAS score, and evidence the patient is being monitored for aberrant drug behavior and side effects. Clinical documentation submitted for review indicated the patient was being monitored for aberrant drug behavior and side effects. However, there was a lack of documentation indicating an objective increase in function and an objective decrease in the Visual Analog Scale (VAS) score. Additionally, the request as submitted failed to indicate the quantity of tablets being requested. There was a lack of documentation indicating a necessity for 2 months' supply without a re-examination, as the patient was status post detoxification, per documentation. Given the above, the request for Nucynta 100 mg 1/2 tab every 6 hours; 2 month supply is not medically necessary. The request as submitted failed to indicate the quantity of medication being requested.