

Case Number:	CM13-0062550		
Date Assigned:	12/30/2013	Date of Injury:	10/04/2002
Decision Date:	05/16/2014	UR Denial Date:	11/29/2013
Priority:	Standard	Application Received:	12/06/2013

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in Florida. 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 49-year-old who reported an injury on October 4, 2002. The injured worker was noted to be taking opiates since 2012. The documentation of October 29, 2013 revealed the injured worker had pain. The note was handwritten and difficult to read. Diagnoses were brain injury and left shoulder pain along with cervical spine disc herniation and chronic pain syndrome. The treatment plan included medication refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG, SIXTY COUNT: 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 Medications for Chronic Pain, Ongoing Management and Opioids Dosing Page(s): 60-78,86.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function and an objective decrease in pain and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg of oral morphine equivalence per day. The clinical documentation submitted for review indicated the

injured worker had been utilizing this classification of medications since 2012. There was lack of legible documentation indicating the quantity strength of the Norco and the Nucynta to indicate whether the cumulative dosing exceeds 120 mg of daily oral morphine equivalency. There was documentation indicating the injured worker was being monitored for aberrant drug behavior through urine drug screens. There was a lack of documentation of objective functional benefit, objective decrease in pain, and documentation that the injured worker was being monitored for side effects. The request as submitted failed to indicate the frequency for the requested medication. The request for Nucynta 50mg, sixty count, is not medically necessary or appropriate.