

Case Number:	CM14-0000518		
Date Assigned:	01/10/2014	Date of Injury:	03/13/2008
Decision Date:	10/06/2014	UR Denial Date:	12/16/2013
Priority:	Standard	Application Received:	01/02/2014

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 Neurology, 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:

On the 12/20/13 note indicates the insured was recommended for nucynta 50 mg at bedtime for pain interfering with sleep. The treating physician notes the pain is interfering with the insured's functional activity. 1/6/14 note indicates right lower extremity pain and left hip pain. Medication was reported to be taken as directed. Nucynta was reported to be helpful for pain. Ongoing medications were noted as Neurontin, nucynta, ultram, ultram ER, voltaren, and pennsaid solution. 1/31/12 EMG was reported to show bilateral superficial peroneal and bilateral sural neuropathy. Examination was noted to show knee flexor's as 4/5 on right with decreased light touch sensation over the lateral foot. There was edema, skin discoloration of the right lower extremity.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 75-79, Postsurgical Treatment Guidelines.

Decision rationale: The medical records indicate more than 1 short acting opioid (nucynta and ultram) being recommended in combination with long acting opioid. Combining more than 1 short acting opioid is not supported under MTUS guidelines. The medical records do not indicate rationale why the 1 short acting opioid tramadol is not providing benefit for pain interfering with sleep. Therefore, based on guidelines and a review of the evidence, the request for Nucynta is not medically necessary.