

Case Number:	CM14-0006384		
Date Assigned:	02/07/2014	Date of Injury:	08/12/2010
Decision Date:	06/20/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	01/16/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is a 54 year-old female. The patient's date of injury is 8/12/2010. The mechanism of injury was lifting a microwave, with pain in the back. The patient has been diagnosed with chronic shoulder pain, chronic back pain, chronic neck pain, rotator cuff tear, biceps tendinitis. The patient's treatments have included medications, and imaging studies. The physical exam findings show Medications include, but are not limited to, Norco, Lidoderm patches, Cymbalta and Flexeril. According to the clinical documents, it is unclear how long the patient has been using the above medications and what the outcomes of taking those medications are.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA IR 50MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 76-80.

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

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for Nucynta. MTUS guidelines state the following: This is a second line pain medication, and should only be used when first line

medications have failed. There is lack of documentation that states that the patient failed the previous course of Norco. According to the clinical documentation provided and current MTUS guidelines; Nucynta is not medically necessary and appropriate.