

Case Number:	CM14-0006511		
Date Assigned:	03/03/2014	Date of Injury:	02/12/2011
Decision Date:	08/08/2014	UR Denial Date:	12/31/2013
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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 57-year-old male was reportedly injured on February 12, 2011. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated November 14, 2013, indicated that there were ongoing complaints of low back pain and numbness in the anterior aspect of the bilateral proximal lower extremities. The physical examination demonstrated no motor function loss, some sensory loss in the S1 dermatomal distribution and deep to reflexes to be 2+. Diagnostic imaging studies objectified the reduction of the spondylolisthesis. The previous treatment included lumbar fusion surgery and multiple medications. A request had been made for the medication Nucynta and was not certified in the pre-authorization process on December 30, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 78, 93.

Decision rationale: The Chronic Pain Guidelines indicate that Nucynta is a synthetically-derived, centrally-acting oral analgesic. It activates the mu-opioid receptor and inhibits norepinephrine synaptic reuptake. Norepinephrine reuptake inhibition appears to have additive analgesic effect to that of the drug's opioid activity. The guidelines also indicate that when considering opioids for non-neuropathic pain, there should be documentation of discussion including the duration of treatment and plan for discontinuation. In the absence of sufficient clinical data supporting that this narcotic medication has any noted efficacy, there is no medical necessity identified for the ongoing use of this preparation.