

Case Number:	CM14-0101375		
Date Assigned:	09/12/2014	Date of Injury:	12/15/2001
Decision Date:	10/16/2014	UR Denial Date:	06/17/2014
Priority:	Standard	Application Received:	07/01/2014

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 & 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 66-year-old female was reportedly injured on December 15, 2001. The mechanism of injury is stated to be a slip and fall. The most recent progress note, dated July 23, 2014, indicates that there are ongoing complaints of low back pain radiating to the bilateral lower extremities. No physical examination was performed on this visit. Diagnostic imaging studies of the lumbar spine revealed postsurgical changes from L3 through S1, severe degenerative disc disease at L3 - L4, and a disc bulge at L2 - L3 which compresses the traversing left L3 nerve root and exiting left L2 nerve roots. Nerve conduction studies revealed a radiculopathy at L4, L5, and S1. Previous treatment includes a laminectomy/discectomy at L5 - S1, a fusion from L4 through S1 with subsequent revision, trigger point injections, and oral medications. A request had been made for Nucynta 100 mg and was not certified in the pre-authorization process on June 17, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg, q 6hrs prn pain, #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG

Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - Compression Garments (updated 05/14).

Decision rationale: The Official Disability Guidelines do not address this request. ODG supports Nucynta as 2nd line therapy for patients with moderate to severe pain who have developed intolerable adverse effects with first-line opiates. Review of the available medical records, fails to document any intolerable adverse reactions or effects to warrant the use of this medication. Given the lack of documentation, Nucynta does not meet guideline criteria and therefore is not medically necessary.