

Case Number:	CM14-0011471		
Date Assigned:	04/25/2014	Date of Injury:	06/13/2002
Decision Date:	07/15/2014	UR Denial Date:	01/13/2014
Priority:	Standard	Application Received:	01/28/2014

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, has a subspecialty in Pain Management and is licensed to practice in New York, New Jersey and Connecticut. 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 claimant has a diagnosis of the brachial neuritis unspecified and authorization requested was for Nucynta ER 150 mg daily-dispensed 60 for 30 days. It was denied and the guidelines reflected that it is a second line of therapy. The claimant was status post cervical spine surgery and neurostimulator placement. The diagnoses reported were cervical radiculopathy status post fusion, neck pain, chronic pain syndrome, myofascial pain, and neuropathic pain. Other medications included Nucynta 75 mg one tablet p.o. q.6 hourly, Medrox patches, Lidoderm patches, topical creams, Skelaxin, Remeron, and Lyrica. The past medical history included anxiety, chronic pain, gout, and high blood pressure. She was diagnosed with adjacent segment disease and recommended for the surgical intervention. She received multiple cervical epidural steroid injections and other interventional pain procedures.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER TAB 10MG, 30 DAY SUPPLY, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Disability Guidelines (ODG) Pain (Chronic) Tapentadol (Nucynta).

Decision rationale: The records provided for review show that the urine toxicology screen done on 08/02/13 was positive for opioids that were not prescribed. The injured worker also had benzodiazepines in the urine on 09/19/13, which was not prescribed. The records further show that the injured worker is currently taking Nucynta short acting. Based upon view of the records, the use of Nucynta short acting with Nucynta ER 10mg is not necessary. Therefore, the requested Nucynta ER 10mg is not medically necessary.