

Case Number:	CM14-0015882		
Date Assigned:	03/05/2014	Date of Injury:	12/18/1999
Decision Date:	06/30/2014	UR Denial Date:	01/09/2014
Priority:	Standard	Application Received:	02/07/2014

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 Orthopedic Surgery, and is licensed to practice in California. 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 indicated a diagnosis of unspecified lumbosacral neuritis. The request was for the medication Nucynta. A written narrative from the injured employee notes that when taking 8 Nucynta tablets there is increased mobility. It is also noted that the injured employee is working full time. The physical examination does not note any specific findings only that there was a cervical fusion, chronic pain, and the need for 8 Nucynta tablets per day. The records reflect that the medication was not certified in the preauthorization process on 2 separate occasions. The noted two-level cervical fusion procedure was identified, conservative treatment was outlined, and the limited clinical information presented in the progress notes is noted. It was noted the use of this medication exceeded the parameters identified in the MTUS. The MED was noted to be 294.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG 1-2 EVERY 4 HOURS NOT TO EXCEED 8/DAY #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS FOR CHRONIC PAIN Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS ACOEM.

Decision rationale: As identified in the MTUS, the lowest possible dose should be used. All that is presented is subjective narrative indicating a significant dose is required. There are no current clinical assessments provided outlining the efficacy or utility of such a preparation. The criterion for each note as outlined in subsection C are clearly not met. There is no discussion about pain related behaviors, "4 A's", notation about opioid contracts or other parameters necessary for the ongoing use of such extensive amounts of narcotic medications. Therefore, based on the limited clinical automation presented for review, there is no data presented to support the use of this medication and thus is not medically necessary.