

Case Number:	CM14-0018087		
Date Assigned:	04/16/2014	Date of Injury:	08/09/2012
Decision Date:	06/02/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/12/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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 injured worker is a 44-year-old female who reported an injury on 08/09/2012. The injured worker was reportedly struck on the right thigh by a sharp cage, while working at a cat shelter. The injured worker developed sensitivity around the wound, which progressed into the entire right lower extremity. The injured worker was treated with antibiotics and pain medication. Current diagnoses include reflex sympathetic dystrophy of the lower limb, chronic pain syndrome, obesity, persistent disorder of initiating or maintaining sleep, and dietary surveillance and counseling. The injured worker was evaluated on 10/08/2013. The injured worker reported persistent pain and muscle spasm. Current medications include baclofen 10 mg and Nucynta 50 mg. Physical examination revealed diminished muscle mass on the left calf, positive straight leg raising on the right, an antalgic gait, allodynia in the right lower extremity, anxiety, and frustration. Treatment recommendations at that time included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NUCYNTA 50MG #90 WITH 1 REFILL: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) CHRONIC PAIN CHAPTER, TAPENTADOL (NUCYNTA).

Decision rationale: Official Disability Guidelines state Nucynta is recommended as a second-line option for patients who develop intolerable adverse effects with first-line opioids. The injured worker does not appear to meet criteria for the requested medication. There is no evidence of intolerable adverse effects with first-line opioids. There is also no evidence of objective functional improvement as a result of the ongoing use of this medication. There is also no frequency listed in the current request. As such, the request is non-certified.