

Case Number:	CM14-0114935		
Date Assigned:	09/16/2014	Date of Injury:	02/16/2012
Decision Date:	10/07/2014	UR Denial Date:	06/28/2014
Priority:	Standard	Application Received:	07/23/2014

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 Family Medicine 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:

68 yr. old female claimant sustained a work injury on 2/6/12 involving the neck, shoulders and low back. She was diagnosed with C6 radiculopathy, lumbar radiculopathy, lumbar herniated disc, bilateral shoulder derangement and cervical facet pain. She had undergone bilateral shoulder surgeries. A progress note on 7/14/14 indicated the claimant had continued 8/10 pain .She had been on NSAIDs for pain. She had been on Nucynta 4 weeks prior but was not authorized to be continued. She had been on Nucynta since at least January 2014 at which time her pain ranged 5-6/10. Exam findings were notable for shoulder impingement findings, painful restricted range of motion of the neck, decreased sensation in the right upper extremity and left rotator cuff weakness.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Nucynta is similar in action to other opioids such as Tramadol. It is indicated for long-term opioid treatment (24 hour) for severe pain. According to the guidelines, long-term opioids have not been studied. Most indications are for low back pain. There was no recent indication of lumbar pain or lumbar examination to justify the continuation of Nucynta. Although the documentation states the claimant received 60 % improvement in pain, the pain scale indicates a 20% while on Nucynta. There is also no documentation of failure on Tylenol or other analgesics. Based on the above, continued use of Nucynta is not medically necessary.