

Case Number:	CM14-0129975		
Date Assigned:	08/20/2014	Date of Injury:	02/25/2003
Decision Date:	09/24/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	08/14/2014

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 and Pain Medicine 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 52-year-old female who reported an injury on 02/25/2003. The mechanism of injury was not provided. On 08/05/2014 the injured worker presented with pain in the low back and neck that radiates into the right shoulder. Current medications included Ambien, Soma, Nucynta, Percocet, trazodone, and Cymbalta. Diagnoses were facet arthropathy at L3-4 and L5-S1, discogenic low back pain secondary to annular tear at L5-S1, degenerative disc disease at L4-5 and L5-S1, cervical degenerative disc disease at C5-6 and C6-7, and cervical spondylosis at C3-4 with small disc herniations present at C3-4, C5-6 and C6-7. The provider recommended Nucynta ER 200 mg. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200 mg 1 PO q8h#90 no refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guideline (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Nucynta ER 200 mg 1 PO q8h#90 no refills is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. As such, the request is not medically necessary.