

Case Number:	CM14-0150853		
Date Assigned:	09/19/2014	Date of Injury:	02/02/2004
Decision Date:	10/23/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/16/2014

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 Medicine and is licensed to practice in Texas & Oklahoma. 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 61-year-old male who reported an injury on 02/02/2004; while a driver of a delivery truck, his tire blew out as he was exiting the freeway and caused the truck to roll onto its side. Diagnoses were flare up of neck and shoulder pain, history of cervical spondylosis with sprain/strain injury. There was a disc herniation at C5-6 with ongoing radicular symptoms in the left arm. History of left shoulder girdle sprain/strain with tendinopathy, chronic. Nonindustrial medical problems, including myocardial infarction, diabetes, hypertension, hyperlipidemia, and hypothyroidism. Physical examination on 08/14/2014 revealed the injured worker was having a flare up of left sided neck and shoulder pain. He stated his neck pain felt like it was in a severe cramp. The injured worker has been using Nucynta 50 mg tablets, 1 to 4 per day, depending on the severity of the pain. The injured worker reported that the medications were helpful, and had a 50% reduction in his pain, and 50% functional improvement with activities of daily living with the medication versus not taking it at all. The injured worker is using Mobic for inflammation and Amrix capsules at night to control severe muscle spasms and cramps in the neck and shoulder. The pain was rated, today, at a 9/10 to 10/10, and at best, a 4/10 with medication. Without medication, it was a 10/10. Examination of the cervical spine revealed very limited range of motion. Rotation to the right and left was to 40 degrees, flexion and extension was to 10 degrees. Cervical compression caused neck pain, but did not radiate. Valsalva and Hoffman's signs were negative. Palpation revealed muscle spasm across the cervical paraspinal and cervical trapezius muscles, suggesting muscle spasm. Motor strength, sensation, and deep tendon reflexes appeared to be intact in the upper extremities. Examination of the left shoulder revealed limited range of motion. There was positive impingement sign with crepitus on circumduction of the left shoulder joint. Medications were Amrix, Mobic and

Nucynta. Treatment plan was not reported. The rationale was not reported. The Request for Authorization was submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Management Page(s): 78.

Decision rationale: The decision for Nucynta 50mg #120 is not medically necessary. The California Medical Treatment Utilization Schedule Guidelines recommend for ongoing management of an opioid medication, there should be documentation of the 4 A's including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behavior. The request does not indicate a frequency for the medication. The efficacy for this medication was not reported. The clinical information submitted for review does not provide evidence to justify continued use. Therefore, this request is not medically necessary.