

Case Number:	CM14-0152072		
Date Assigned:	09/22/2014	Date of Injury:	04/28/2006
Decision Date:	11/19/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/18/2014

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 Geriatrics and is licensed to practice in New York. 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 51 year old woman with a date of injury of 4/26/06. She was seen by her provider on 9/2/14 with complaints of unchanged pain. She stated her medications were helping and symptoms adequately managed with normal sleep quality. The daughter was present and stated that her mom was forgetful and did not act like herself when on Nucynta. Her current medications included Cyclobenzaprine, Gabapentin, Nucynta, Medrox and Zolpidem. Her exam showed an antalgic gait. She had restricted range of motion limited by pain in her lumbar spine. She had paravertebral tenderness and spinous process and sacroiliac spine pain. Her knees showed restriction with flexion to 110 degrees and extension to 170 degrees bilaterally with pain over the lateral joint lines. She had normal strength and decreased sensation to light touch over L5-S1. Her diagnoses were sprains and strains of lumbar region, thoracic or lumbosacral neuritis or radiculitis, pain in joint of lower leg and skin sensation disturbance. At issue in this review is the prescription for Nucynta. The plan indicates that the worker agreed to try another medication due to the concerns her daughter raised regarding Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg, 120 tablets for symptoms related to lumbar spine injury: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26. Decision based on Non-MTUS Citation Up-to-Date: Overview of the Treatment of Chronic Pain and Nucynta Drug Information.

Decision rationale: Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. Side effects are similar to traditional opioids. The MD visit of 9/14 fails to document any improvement in pain or function specifically related to Nucynta but does document side effects per family report about the worker when taking Nucynta. The plan indicates that another medication will be trialed for Nucynta. Given the side effects and lack of documentation of efficacy, the medical necessity of Nucynta is not substantiated in the records.