

Case Number:	CM14-0157788		
Date Assigned:	10/01/2014	Date of Injury:	07/30/2003
Decision Date:	10/31/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/26/2014

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 New York and New Jersey. 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 47 year-old male who was injured on 7/30/03. He suffered cervical, thoracic, right elbow pain from a fall that resulted in head trauma, cervical fracture/dislocation at C6-C7. He had incomplete C6 quadriplegia resulting in C5 to T1 posterior fusion with iliac crest autograft which was performed on 8/13/03. His diagnoses included status post C5-T2 posterior cervical fusion, C6 incomplete quadriplegia post C6-C7, fracture, dislocation, neurogenic bowel, neurogenic bladder, low back pain, and cervical radiculopathy. His treatment also included epidural steroid injections, sacroiliac joint injections, stellate ganglion blocks, medications, and physical therapy. His medications include clonazepam, omeprazole, Nucynta ER, and Lunesta. The patient continues with functional impairment and pain. The request is for continued Nucynta ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg, one by mouth every 12 hours, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Steps to take before a therapeutic trail of opioids; Opioids: init. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 85.

Decision rationale: The request is not medically necessary. The patient has had multiple urine drug screens that were negative for opioids, although results of recent urine drugs screens were not included in the chart. The patient has been able to wean off Methadone and there was recommendations for further weaning of Nucynta ER. It wasn't clear by the chart how much pain reduction and improved function the patient experienced with the Nucynta. The four A's of opioid management have not been met. For chronic back pain, long term efficacy of opiates is unclear and limited. Therefore, the request for continued Nucynta is medically unnecessary.