

Case Number:	CM14-0158192		
Date Assigned:	10/01/2014	Date of Injury:	04/15/2004
Decision Date:	10/28/2014	UR Denial Date:	08/27/2014
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 Pain Management and Rehabilitation, 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:

This 54 year-old patient sustained an injury on 4/15/04 from when bread pans fell upon the her while employed by [REDACTED]. Request(s) under consideration include 90 tablets of Nucynta 75 mg, three refills. Diagnosis include Knee internal derangement. There is surgical history of left knee arthroscopy in 2005 and 2009 with TKA in October 2010. Conservative care has included medications, therapy, use of cane, TENS unit, and modified activities/rest. Report of 8/15/14 from the provider noted the patient with ongoing chronic pain rated at 6/10. Medications list Lyrica, Ambien, and Nucynta. Exam showed tenderness to palpation of lumbar paraspinals and left knee; left knee with edema; restricted flex/extension lumbar range; positive orthopedic provocative testing of lumbar discogenic and left knee maneuvers; however, with negative nerve root tension bilaterally; decreased balance with abnormal toe and heel walking; with 5/5 motor strength in bilateral lower extremities. Diagnoses include left knee internal derangement s/p surgery of TKR with chronic pain; lumbar sprain/strain/ disc protrusion. UDS was noted to be consistent. The request(s) for 90 tablets of Nucynta 75 mg, three refills was modified for quantity #45 with no refills to taper on 8/27/14 citing guidelines criteria and lack of medical necessity.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Nucynta 75 mg, three refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: This 54 year-old patient sustained an injury on 4/15/04 from when bread pans fell upon the her while employed by [REDACTED]. Request(s) under consideration include 90 tablets of Nucynta 75 mg, three refills. Diagnosis include Knee internal derangement. There is surgical history of left knee arthroscopy in 2005 and 2009 with TKA in October 2010. Conservative care has included medications, therapy, use of cane, TENS unit, and modified activities/rest. Report of 8/15/14 from the provider noted the patient with ongoing chronic pain rated at 6/10. Medications list Lyrica, Ambien, and Nucynta. Exam showed tenderness to palpation of lumbar paraspinals and left knee; left knee with edema; restricted flex/extension lumbar range; positive orthopedic provocative testing of lumbar discogenic and left knee maneuvers; however, with negative nerve root tension bilaterally; decreased balance with abnormal toe and heel walking; with 5/5 motor strength in bilateral lower extremities. Diagnoses include left knee internal derangement s/p surgery of TKR with chronic pain; lumbar sprain/strain/ disc protrusion. UDS was noted to be consistent. The request(s) for 90 tablets of Nucynta 75 mg, three refills was modified for quantity #45 with no refills to taper on 8/27/14 citing guidelines criteria and lack of medical necessity.