

Case Number:	CM14-0163062		
Date Assigned:	10/08/2014	Date of Injury:	07/31/1999
Decision Date:	12/08/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 Interventional Spine 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:

The patient is a 43-year-old female with a date of injury of 07/31/1999. The listed diagnoses per [REDACTED] are: 1. Right knee pain with patella realignment arthroscopically. 2. Chronic low back pain. 3. Abdominal pain. 4. History of hiatal hernia. 5. Constipation. 6. Anxiety and Depression and bipolar depression. 7. GERD. 8. History of narcotic dependence in the past. She has completed a rehab program. According to progress report, 08/09/2014, the patient presents with persistent low back pain and right knee pain. Patient reports that her back pain as 9/10, right knee pain as 8/10, and neck pain as 8/10. She would like to "go back on Nucynta tabs for pain." She is currently utilizing Norco 4 times a day along with BuTrans patch at 10 mcg an hour. She states that it keeps her functional and reports 50% improvement in her pain and functional improvement with medications versus not taking them. Examination of the knee revealed full active range of motion with some laxity with valgus maneuver and anterior drawer's sign. Examination of the lower back revealed limited range of motion, and bilateral straight leg raises are 80 degrees causing right-sided low back pain that radiates into the right buttock and posterior thigh. This is a request for Nucynta 100 mg #20. Utilization review denied the request on 09/12/2014. Treatment reports from 08/19/2013 through 03/15/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for initiating opioids Page(s): 76-78.

Decision rationale: This patient presents with chronic low back pain and right knee pain. The treater is requesting a trial of Nucynta 100-mg tablets 4 times daily p.r.n. for pain, limited to 4 per day #120. The MTUS guidelines page 76-78, criteria for initiating opioids recommends that reasonable alternatives have been tried, consider patient's likelihood of improvement, likelihood of abuse, etc. MTUS goes on to state that baseline pain and functional assessments should be made. Once the criteria have been met a new course of opioids may be tried at that time. It appears the patient had taken Nucynta sometime in the past and is requesting to "go back on Nucynta tabs for pain." The treater states in his 08/19/2014 report, the patient received 50% reduction in her pain and functional improvement with current medications which includes Norco and BuTrans. It is unclear why the treater is initiating Nucynta tablets as the patient is already reporting decrease in pain and functional improvement with current medications. Furthermore, the treater does not provide baseline pain or functional assessments to necessitate a start of a new opioid. The request is not medically necessary.