

Case Number:	CM14-0165099		
Date Assigned:	10/23/2014	Date of Injury:	03/31/1999
Decision Date:	11/21/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/07/2014

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 Emergency Medicine, 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 injured worker is a 54-year old male with a reported injury on 03/31/1999. The mechanism of injury is from falling off a curb. The injured worker's diagnoses included chronic pain syndrome, lumbago, pain in joint shoulder, and pain in joint pelvic. The injured worker's past treatments included medications. On the clinical note dated 10/16/2014, the injured worker complained of continued symptoms of pain and reports that current medications are effective, but they do not last all day long. Injured worker rates his pain at a 6/10 and will decrease to 3/10. Injured worker reports that he improves functionally with use of medication. The injured worker was shifting in seated position frequently noted during the visit. The injured worker's medications included lisinopril 10 mg daily, simvastatin 40 mg daily, fluticasone 50 mcg/actuation twice daily, albuterol sulfate 2.6 mg/mL 3 mL daily, QVAR 80 mcg/actuation daily, Pepcid 20 mg twice daily, sertraline 25 mg daily, Lyrica 50 mg, Nucynta 50 mg 4 times a day. Medical records indicated last urine drug screen performed on 04/03/2014. The request was for Nucynta 50 mg, #60. The rationale was for pain management. The Request for Authorization Form was submitted for review on 10/20/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg, #60: Upheld

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

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

Decision rationale: The request for Nucynta 50 mg, #60 is not medically necessary. The injured worker was diagnosed with chronic pain syndrome, pain in joint of the shoulder, pain in the joint of the pelvic, lumbago, and spasm of muscle. The California MTUS Guidelines recommend an ongoing review of medications with documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of adequate and complete assessment of the injured worker's pain. Documentation included a recent urine drug screen performed on 04/03/2014, however the results were not provided. Lack of documentation of side effects of the medication. Clinical records indicate the patient improves functionally with the use of the medication, in the ability to sit for 20 minutes, stand for 20 minutes, and walk for 20 minutes to 35 minutes continuously. Additionally, the request does not indicate the frequency of the medication. As such the request for Nucynta 50 mg, #60 is not medically necessary.