

Case Number:	CM14-0174580		
Date Assigned:	10/27/2014	Date of Injury:	01/24/2011
Decision Date:	12/12/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/21/2014

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 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:

The injured worker is a 58-year-old man with a date of injury of 1/24/11. Injured worker reports severe bilateral upper extremity hand pain as 7/10. He is status left carpal tunnel release surgery. He is being treated for diagnosis of Complex Regional Pain Syndrome type I. Medication regimen includes Elavil, Neurontin, Nucynta 100mg 1 tab q6h prn pain #120, Opana 30mg ER and Vytorin. Physical examination is significant for upper extremity hyperesthesia, allodynia and impaired wrist and hand joint range of motion and a well-healed surgical scar of the left hand. Nucynta 100 mg is being requested for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Nucynta 100mg # 120 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Dosing Page(s): 86.

Decision rationale: The injured worker presents with complex regional pain syndrome of the upper extremities. He is being treated with a chronic stable dose of opioid therapy including

Opana ER 30 mg twice daily and Nucynta 100 mg every 6 hours as needed for breakthrough pain and Neurontin 800 mg 4 times daily and Elavil 100 mg at bedtime and Lidoderm 5% daily. Visual analogue scale pain level is reported to be 7/10. Request for Nucynta 100 mg every 6 hours as needed represents approximately 145mg morphine equivalent dose daily. MTUS guidelines recommend that opioid dosing not exceed 120 mg morphine equivalents per day. Request as written exceeds MTUS guidelines and is therefore not medically necessary.