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| Case Number: | CM14-0022023 | | |
| Date Assigned: | 05/09/2014 | Date of Injury: | 12/18/1999 |
| Decision Date: | 07/10/2014 | UR Denial Date: | 01/31/2014 |
| Priority: | Standard | Application Received: | 02/21/2014 |

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 Anesthesiology and Pain Medicine and is licensed to practice in Florida. 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 59-year-old female with a reported date of injury on 12/18/1999. The mechanism of injury was not submitted with the medical records. The progress note dated 01/24/2014 reported that the Nucynta provided 75% to 80% pain relief for three (3) hours. The progress note dated 05/06/2014 reported that the injured worker stated that the warm weather was helping, so that she was not so incredibly stiff and had more range of motion. The progress note also reported that the injured worker was working five (5) days a week for 9.5 to 10 hours per day full time. The progress note dated 05/06/2014 rated the patient's pain as five (5) to the neck, shoulders, and bilateral upper extremities. The request of authorization form was not submitted with the medical records. The request was for Nucynta 100 mg was due to pain to the neck, bilateral shoulders, and bilateral upper extremities.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG #240, ONE TO TWO (1-2) EVERY FOUR (4) HOURS, NOT TO EXCEED EIGHT (8) PER DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management; Opioids, Dosing Page(s): 78, 86.

Decision rationale: The injured worker has been on this medication for over six (6) months. The Chronic Pain Guidelines recommend an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend a pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. The guidelines state satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The guidelines also recommend that dosing not exceed 120 mg of oral morphine equivalence per day. The guidelines morphine equivalent dose for Nucynta 100 mg times four (4) days equals 146.80 morphine equivalent doses; this exceeds the guidelines of 120 mg oral morphine equivalence per day. Also, the frequency of the medication was not provided and significant sustained pain relief was not documented to support continuation. Therefore, the request is not medically necessary.