

Case Number:	CM14-0024636		
Date Assigned:	06/16/2014	Date of Injury:	08/17/2006
Decision Date:	07/16/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/26/2014

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 Neurological Surgery 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 47-year-old gentleman who was reportedly injured on August 17, 2006. The mechanism of injury is noted as pulling a hand truck up the stairs. The most recent progress note dated December 3, 2013, indicates there are ongoing complaints of low back pain and leg pain. Pain level was stated to be 10/10 without medications and 7-8/10 with medication. Current medications were stated to include Norco, Soma, Prilosec, Lyrica, and Nucynta. There was also previous use of a spinal cord stimulator and pain pump. The physical examination on this date noted paracervical spinal tenderness as well as tenderness over the thoracic and lumbar paraspinal muscles. Antalgic gait was noted as well as weakness in the lower extremities. A request was made for Nucynta and was not certified in the pre-authorization process on February 7, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 75MG #90/30DAYS: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: Nucynta is an opioid pain medication used for moderate to severe pain control. The medical record states that the injured employee is already addressing his pain issues with a pain pump and Norco which is a short acting opioid. It is unclear why an additional narcotic medication is required. Without specific justification this request for Nucynta is not medically necessary.