

Case Number:	CM14-0024892		
Date Assigned:	06/11/2014	Date of Injury:	03/28/2005
Decision Date:	08/06/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/27/2014

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, has a subspecialty in Neuromuscular Medicine and is licensed to practice in Maryland. 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 46 year old with a work injury dated 10/17/02. His diagnoses include chronic pain syndrome, severe multilevel cervical spondylosis with stenosis, severe multilevel lumbar spondylosis with L5 disc extrusion and stenosis, obstructive sleep apnea, medication-induced constipation. Under consideration is a request for 1 prescription of Nucynta 100 mg#90.A 1/21/14 office visit reveals that the patient reports a sharp increase in low back pain over the past month. Simple activities of daily living have become difficult even with medication. He is asking to increase his pain medication, as he is having difficulty ambulating. The patient is in obvious distress while in the office .today, moving very slowly in and out of the office with a shuffling gait. Lumbar spine has pain to palpation with decreased range of motion secondary to pain. There is a positive straight leg raise bilaterally with minimal leg elevation. The treatment plan includes holding off on lumbar and cervical surgery. There is also a plan to increase Nucynta 100mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NUCYNTA 100MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78, 79-80.

Decision rationale: One prescription of Nucynta 100 mg #90 is not medically necessary per the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines. The guidelines do not recommend continuing opioids without significant functional improvement as defined by the MTUS. The Chronic Pain Treatment Guidelines state that opioids should be discontinued when there is no overall improvement in function and to continue opioids if the patient has returned to work and has improved functioning and pain. The documentation reveals that the patient has increasing pain and demonstrates no functional improvement despite being on Nucynta since at least September of 2012. The request for Nucynta 100mg #90 is not medically necessary.