

Case Number:	CM14-0025832		
Date Assigned:	06/13/2014	Date of Injury:	10/28/1983
Decision Date:	08/12/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/01/2014

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 63-year-old male with a reported injury on 10/28/1983. The mechanism of injury was not provided. The injured worker had an examination on 04/22/2014, for follow up for complaints of headaches. He had the evaluation to get refills for his Norco and his Neurontin and the Nucynta. There has been no change in the condition of the headaches and the neck pain radiates down to the arms. Assessment only showed chronic headache, neck pain and numbness in hands. There was no plan of treatment. There was no previous treatment that may have been done to consist of physical therapy or home exercise program or the use of Non-Steroidal Anti-Inflammatory Drugs (NSAID). Diagnoses consisted of headache, displaced cervical intervertebral and brachial neuritis/radiculitis. There was no Request for Authorization, nor the rationale provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50 MG #120, ZERO REFILLS: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Nucynta.

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

Decision rationale: The California MTUS Guidelines do recommend for ongoing monitoring documentation regarding pain relief, side effects, physical and psychosocial functioning and sign of any potentially abarent or non-adherent drug related behaviors. There is not a physical examination to be reviewed. There was no mention of pain relief as far as efficacy of the medications that he is on. There is no mention of side effect. There is no psychosocial or functioning deficit provided. Also, there is not a urinalysis drug screening test to test for toxicity or any drug related behaviors. Furthermore, the request does not come with directions or instructions regarding frequency and durancy. Therefore, the request for the Nucynta is not medically necessary and appropriate.