

Case Number:	CM14-0030375		
Date Assigned:	06/20/2014	Date of Injury:	05/27/2009
Decision Date:	07/30/2014	UR Denial Date:	02/21/2014
Priority:	Standard	Application Received:	03/10/2014

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, has a subspecialty in Pain Management 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:

According to the records made available for review, this is a 54-year-old female with a 5/27/09 date of injury. At the time (2/21/14) of request for authorization for pharmacy purchase of Nucynta 50 mg #60 day supply 30, there is documentation of subjective (moderate-severe symptoms, constant, cramping) and objective (right shoulder decreased range of motion, positive impingement, positive crepitus, right knee decreased range of motion, positive crepitus, lumbar spine decreased range of motion) findings, current diagnoses (status post right shoulder scope, rotator cuff repair 5/17/12, adhesive capsulitis, status post left shoulder scope, lumbar spine sprain/strain), and treatment to date (activity modification, Synvisc injections, and medications). There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and that Nucynta is to be used as a second line therapy due to intolerable adverse effects with first line opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NUCYNTA 50MG #60 DAY SUPPLY 30: 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): 74-80.

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of status post right shoulder scope, rotator cuff repair 5/17/12, adhesive capsulitis, status post left shoulder scope, lumbar spine sprain/strain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Nucynta is to be used as a second line therapy due to intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for pharmacy purchase of Nucynta 50 mg #60 day supply 30 is not medically necessary.