

Case Number:	CM14-0032455		
Date Assigned:	04/09/2014	Date of Injury:	12/03/2008
Decision Date:	05/28/2014	UR Denial Date:	01/08/2014
Priority:	Standard	Application Received:	02/07/2014

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 Internal Medicine 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:

This is a 58-year-old male with date of injury 12/03/2008 with no documented mechanism of injury. The patient is reported to have chronic lumbar back pain and has had surgery on July 15, 2010 with an L5-S1 fusion and L4-L5 total disc arthroplasty. The patient carries the diagnosis of lumbar stenosis, left leg radiculopathy, and lumbar disc displacement at L4-L5 and L5-S1. Clinical notes indicate the patient's current pain regimen is Celebrex, Zanaflex, and Nucynta. The current request is for Nucynta 50mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF NUCYNTA TAB 50MG, #60 (30 DAYS SUPPLY):

Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS, pgs. 74-96.

Decision rationale: The MTUS states centrally acting analgesics (Tramadol and Nucynta), can be an option for chronic pain. The MTUS also states that the patient must show benefit and

improvement in pain and function on a specific medication to be continued for use long-term. The documentation in the most recent note provided (01/02/2014) states that the patient has better pain scores and increase in functionality while taking the pain regimen he is currently on. The clinical exam is documented as well. Therefore, the MTUS guidelines have been met for Nucynta and the request is medically necessary.