

Case Number:	CM14-0032785		
Date Assigned:	06/20/2014	Date of Injury:	12/17/2003
Decision Date:	07/21/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	03/14/2014

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 Occupational Medicine and is licensed to practice in Texas. 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 49-year-old male who had a work related injury on 12/17/2003. There has been no submitted documentation describing the mechanism of injury. Diagnosis is low back pain, lumbar spine herniated nucleus pulposus, cervical pain. The clinical documentation that was reviewed does note that the injured worker has been receiving intrathecal pump refills monthly since 02/22/2013. The injured worker is also taking Nucynta IR 100 mg for breakthrough pain. Visual Analog Scale (VAS) shows that his pain is still 7-8/10 with no improvement on the VAS. He states that current medications improved his function and quality of life. There is no documentation of functional improvement. Physical examination noted normal speech, slow steady gait. Moderate tenderness in the lumbosacral spine with moderate spasm was noted. There is positive moderate tenderness in the cervical spine with moderate spasm noted. There has been a prior utilization review on 02/10/14 for Nucynta IR 100 mg #200 and it was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 100 mg #200: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Treatment Index, 12th. Edition (Web), 2014, Pain-Tapentadol.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiate
Page(s): 74-80.

Decision rationale: The clinical documentation does not support the request. Visual Analog Scale (VAS) through multiple progress notes shows that his pain is still 7-8/10 with no improvement on the VAS. He states that current medications improved his function and quality of life. There is no documentation of functional improvement. The request for Nucynta IR 100mg #200 is not medically necessary.