

Case Number:	CM14-0040794		
Date Assigned:	06/27/2014	Date of Injury:	01/26/2004
Decision Date:	08/19/2014	UR Denial Date:	04/01/2014
Priority:	Standard	Application Received:	04/07/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 42-year-old individual was reportedly injured on 1/26/2004. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated 2/7/2014 indicates that there are ongoing complaints of right hand/wrist pain. There is no physical exam of the right hand/wrist performed on this day. No recent diagnostic studies are available for review. Previous treatment includes previous surgery, physical therapy, medications, and conservative treatment. A request had been made for Soma 350 mg, #120, Nucynta 100 mg, #150 and was not certified in the pre-authorization process on 4/1/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg 1 tab qid #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol (Soma) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 29.

Decision rationale: The Chronic Pain Medical Treatment Guidelines specifically recommend against the use of soma and indicates that it is not recommended for long-term use. Based on the

clinical documentation provided, the clinician does not provide rationale for deviation from the guidelines. As such, with the very specific recommendation of the Chronic Pain Medical Treatment Guidelines against the use of this medication, this request is deemed not medically necessary.

Nucynta 1 tab 5 times a day 100mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-78.

Decision rationale: Nucynta is indicated for the management of moderate to severe pain in adults which require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. It may also be used for neuropathic pain associated with diabetic peripheral neuropathy. After review of the medical records provided, there is no documentation of reduction in pain or improvement in function with the use of this medication. In addition, there are no subjective complaints requiring daily, around-the-clock, and long-term opioid treatment by this claimant. Therefore, lacking clinical documentation, this request is deemed not medically necessary.