

Case Number:	CM14-0044437		
Date Assigned:	07/02/2014	Date of Injury:	02/01/2008
Decision Date:	08/27/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/11/2014

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 & Rehab and is licensed to practice in Texas & Ohio. 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 62-year-old male who reported an injury on 02/01/2008 secondary to stepping onto stairs. The injured worker was evaluated on 04/08/2014 for reports of low back and knee pain. The patient reported 50% of improvement in pain with the prescription for Nucynta and an increase in activities of daily living. The exam notes indicate the patient failed Percocet, Morphine Sulfate Controlled Release, Oxycontin, Gabapentin and Cymbalta. The exam notes also indicated the patient had an up to date pain contract and the patient's previous urine drug screen was consistent. No adverse effects were noted and no aberrant behavior was noted with the medication. The physical exam noted trophic changes and hypesthesia of the left knee. Tenderness was noted upon palpation of the left knee lateral line. Range of motion was restricted in all directions. Positive left knee clicking and locking was noted. Calf spasms and the inability of the patient to flex his knee were also noted. Diagnoses include left knee internal derangement status post left knee replacement, right knee internal derangement, bilateral knee pain, knee sprain/strain, left ankle sprain/strain, lumbar sprain/strain and depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100 mg by mouth twice daily #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-95.

Decision rationale: The request for Nucynta ER 100 mg by mouth twice daily #60 is non-certified. The California MTUS Guidelines may recommend the use of opioids for the ongoing management of chronic pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence in the documentation provided of the injured worker's evaluation of risk for aberrant drug use behaviors. Although the Clinical Notes indicate the most recent urine drug screen was consistent, the urine drug screen record was not included in the documentation submitted. Therefore, due to the significant lack of clinical evidence of the most recent urine drug screen, the request for Nucynta ER 100 mg by mouth twice daily #60 is non-certified.