

Case Number:	CM14-0049053		
Date Assigned:	07/02/2014	Date of Injury:	05/10/2012
Decision Date:	10/28/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/20/2014

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 Pain 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:

The injured worker is a 37-year-old male with a reported date of injury on 06/07/2001. The mechanism of injury was not listed in the records. The diagnoses include chronic pain syndrome, mononeuritis, lumbago, lumbar radiculopathy, and fractures lumbar vertebra. The past treatments included pain medication and physical therapy. There was no relevant diagnostic imaging submitted for review. There was no relevant surgical history noted in the records. The subjective complaints on 02/08/2013 included constant sharp and stabbing pain in the low back. The injured worker rates the pain 8/10 on the visual pain scale. The physical examination noted the injured worker to be with decreased range of motion in the lumbar spine and positive straight leg raise bilaterally. The medications included Tylenol and Naproxen. The treatment plan was not provided for review. A request was received for Nucynta 50 mg #60. The rationale for the request was not provided. The Request for Authorization form was not provided in the records.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Nucynta 50 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 13 Knee Complaints Page(s): 346.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta®)

Decision rationale: The request for 1 prescription of Nucynta 50 mg #60 is not medically necessary. The Official Disability Guidelines recommend Nucynta as a second line therapy for injured workers who have developed intolerable adverse effects with first line opioids. The injured worker has chronic low back pain. The notes indicate that the current medications that were taken are Tylenol and Naproxen. There is no indication that the injured worker has developed intolerable adverse effects with an opioid medication. In the absence of this documentation, the request is not supported by the evidence based guidelines. As such, the request is not medically necessary.