

Case Number:	CM14-0051800		
Date Assigned:	07/07/2014	Date of Injury:	07/17/2003
Decision Date:	09/29/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/18/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 patient is a 52 year old male who was injured on 7/17/2003. The diagnoses are low back pain, lumbar radiculopathy, post lumbar laminectomy syndrome and joints pain. There is an associated diagnosis of depression. The past surgery history is significant for lumbar spine, right knee, left shoulder and left ankle surgeries. The MRI of the lumbar spine showed L4-L5 disc bulge. The patient is waiting scheduling of lumbar epidural steroid injection. Dr. Clement Jones noted subjective complaints of low back pain radiating to the lower extremities. There is associated numbness, tenderness of the lumbar paraspinal muscles and positive straight leg raising sign. The pain score decrease to 4/10 with medication utilization. The medications are ibuprofen, Norco and Nucynta for pain. The patient is utilizing Lorzone for muscle spasm and Promolaxin for constipation. A Utilization Review determination was rendered on 3/27/2014 recommending non certification for Nucynta ER 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg Quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 74-96. Decision based on Non-MTUS Citation (ODG) Pain Chapter.

Decision rationale: The MTUS and the ODG guidelines recommend that Nucynta can be utilized as a second line medication for maintenance treatment for patients who have failed or cannot tolerate NSAIDs, PT and pure opioid agonists. The records indicate that the patient is also utilizing long term treatment with Norco 10/325mg 4-6/day and ibuprofen medications. The side effects or complications are reported. The criteria for the use of Nucynta ER 100mg #60 were not met. Therefore, Nucynta ER 100mg Quantity 60 is not medically necessary.