

Case Number:	CM14-0052408		
Date Assigned:	07/09/2014	Date of Injury:	03/04/2006
Decision Date:	08/26/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/21/2014

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 Geriatrics and is licensed to practice in New York. 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 man with a date of injury of 8/25/08. He was seen by his physician on 3/27/14 with complaints of left wrist pain which was unchanged since his last visit. He wished to return to Nucynta as Percocet was inducing acid reflux and constipation. His current medications were Oxycontin, Docusate, Flector Patch, Doxepin, Tegaderm, Pepcid, Percocet, Colchicine, Uloric, Clonidine, Amlodipine and Atenolol. The note documents that several prior medications were ineffective including nucynta. His physical exam showed limited left hand range of motion with ulnar nerve pain and tenderness to palpation over the anatomical snuff box. He had some finger swelling and negative Tinel's and Phalen's signs. His motor strength was 5-/5 and sensation was intact. His diagnoses were wrist and extremity pain and mood disorder. At issue in this review is the prescription of Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

63 Nucynta 75mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: overview of the treatment of chronic pain and nucynta drug information.

Decision rationale: This injured worker has chronic left wrist pain with an injury sustained in 2008. Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. Side effects are similar to traditional opioids. The MD visit of 1/14 fails to justify why this medication should be restarted as it was documented as ineffective in the past and causes similar side effects to opioids and side effects are why percocet is being discontinued. Additionally, the employee continues to receive topical analgesics and long acting opioids. Therefore, the request for 63 Nucynta 75 mg is not medically necessary and appropriate.