

Case Number:	CM14-0063811		
Date Assigned:	07/11/2014	Date of Injury:	07/07/2005
Decision Date:	09/08/2014	UR Denial Date:	04/11/2014
Priority:	Standard	Application Received:	05/06/2014

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 Texas. 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 51-year-old male who had work injury on 07/07/05. As he was working as a laborer, he received an electrical shock when grabbing on to some rebar. He had a history receiving narcotics from multiple providers. Most recent clinical documentation submitted for review was 01/21/14. The injured worker presented with fatigue and exercise intolerance. As well as low back pain. Physical examination constitutional, alert and oriented, well nourished, well developed, and in no acute distress. Musculoskeletal, head and neck, overall, head a traumatic, spine, ribs, and pelvis, lumbar facet tenderness, spine tenderness at facet joints and lumbar spine, gait and station overall normal. Diagnoses was degenerative disc disease in lumbar spine, Chronic fatigue syndrome, Myofascial pain, Joint pain, Cervical facet other symptoms to back, Spasm of muscle, Shoulder joint pain, Chronic insomnia unspecified, and Lumbago. In reviewing clinical documentation submitted for review there were no visual analog scale scores with and without medication. No clinical documentation of functional improvement. Prior utilization review on 04/14/14 was certified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg 1 po TID #90 (2 units): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Documentation indicates no significant decrease in pain scores with the use of medications. As such, Nucynta 50 mg 1 by mouth three times per day #90 (2 units) is not medically necessary.