

Case Number:	CM14-0078637		
Date Assigned:	07/18/2014	Date of Injury:	01/19/2010
Decision Date:	08/15/2014	UR Denial Date:	05/19/2014
Priority:	Standard	Application Received:	05/29/2014

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 Management 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:

According to the records made available for review, this is a 50-year-old male with a 1/19/10 date of injury. At the time (4/28/14) of the request for authorization for Nucynta ER 250mg #60 and Nucynta 75mg #120, there is documentation of subjective (low back pain, some mornings his legs are stiff and he can hardly move his legs, his legs cramp) and objective (ambulates with a wheeled walker, gait is antalgic, he drags his right leg) findings, current diagnoses (chronic low back pain with degenerative spondylosis of the lumbar spine, L5-S1 disc protrusion, spinal stenosis, right-sided radiculitis, right sacroiliac joint dysfunction, and depression), and treatment to date (medication including Nucynta for the past two-and-one-half years without significant side effects and with improvement in function). There is no documentation that the prescriptions are from a single practitioner and are taken as directed and the lowest possible dose is being prescribed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of treatment with Nucynta for the past two-and-one-half years without significant side effects and improvement in function. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Nucynta ER 250mg #60 is not medically necessary.

Nucynta 75mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-75, 78-80, 124. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. The MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnoses of cervical sprain, bilateral shoulder sprain, headaches, and lumbar sprain. In addition, there is documentation of treatment with Nucynta for the past two-and-one-half years without significant side effects and improvement in function. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed and the lowest possible dose is being prescribed. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 75mg #120 is not medically necessary.