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| Case Number: | CM14-0080641 | | |
| Date Assigned: | 07/18/2014 | Date of Injury: | 02/24/1999 |
| Decision Date: | 09/11/2014 | UR Denial Date: | 05/16/2014 |
| Priority: | Standard | Application Received: | 06/02/2014 |

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 Internal Medicine, has a subspecialty in rheumatology and is licensed to practice in Maryland. 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 73 year old female with date of injury 2/24/1999. The mechanism of injury is not stated in the available medical records. The patient has complained of mid and low back pain since the date of injury. She has been treated with physical therapy and medications. There are no radiographic data included for review. Objective: decreased and painful range of motion of the lumbar spine, tenderness to palpation of the bilateral lumbar paraspinal musculature. Diagnoses: lumbago, myofascial pain syndrome. Treatment plan and request is for Nucynta 50 mg and Nucynta IR.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg, QTY: 42: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-85, 88-89.

Decision rationale: This 73 year old female has complained of mid and low back pain since date of injury 2/24/1999. She has been treated with physical therapy and medications to include

opioids since at least 8/2012. The current request is for Nucynta 50mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids contract and documentation of failure of prior non-opioids therapy. On the basis of this lack of documentation and failure to adhere to the MTUS Guidelines, Nucynta 50mg is not medically necessary.

Nucynta IR 50 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: This 73 year old female has complained of mid and low back pain since date of injury 2/24/1999. She has been treated with physical therapy and medications to include opioids since at least 8/2012. The current request is for Nucynta IR 50 mg. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioids contract and documentation of failure of prior non-opioids therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta IR 50mg is not medically necessary.