

Case Number:	CM14-0088517		
Date Assigned:	07/23/2014	Date of Injury:	07/31/2012
Decision Date:	09/30/2014	UR Denial Date:	06/04/2014
Priority:	Standard	Application Received:	06/13/2014

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 Nevada. 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 65-year-old gentleman who was reportedly injured on July 31, 2012. The mechanism of injury is not listed in these records reviewed. The most recent progress note dated July 16, 2014, indicates that there are ongoing complaints of left knee, left hip, left hand, and left shoulder pain. The physical examination demonstrated good range of motion of the left shoulder and painful range of motion of the left hip. There was crepitus at the right knee and degenerative changes noted at the left hand. Diagnostic nerve conduction studies revealed slight to moderate left carpal tunnel syndrome and concomitant slowing of the ulnar nerve at the wrist. Previous treatment includes oral medications. A request had been made for Nucynta and was not certified in the pre-authorization process on June 4, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg , Quantity 120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment in Worker's Compensation.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Nucynta, Updated September 10, 2014.

Decision rationale: According to the Official Disability Guidelines Nucynta is recommended as a second line therapy for patients who develop intolerable adverse effects to first-line opioid medications. The progress note dated July 16, 2014, states the engine employs also taking tramadol without any apparent adverse effects. Considering this, the request for Nucynta is not medically necessary.