

Case Number:	CM14-0190493		
Date Assigned:	11/21/2014	Date of Injury:	03/31/1999
Decision Date:	01/09/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	11/14/2014

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 54 year old man with a date of injury of 3/31/99. He was seen by his provider on 10/16/14 with complaints of chronic low back pain. He reported his current medications were effective but did not last all day long. These included lyrica and nucynta. He reported functional gains with the medications but that the gains do not allow him to work. His exam showed he shifted his position frequently but appeared comfortable. His transfers and gait were described as normal. His diagnoses were spasm of muscle, chronic pain syndrome, lumbago, pain in joint - shoulder region and pelvic region/thigh. At issue in this review is the refill of nucynta. He reported functional gains with the medications but that the gains do not allow him to work. His exam showed he shifted his position frequently but appeared comfortable. His transfers and gait were described as normal. His diagnoses were spasm of muscle, chronic pain syndrome, lumbago, pain in joint - shoulder region and pelvic region/thigh. At issue in this review is the refill of nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications. Decision based on Non-MTUS Citation Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 75. Decision based on Non-MTUS Citation Uptodate: overview of the treatment of chronic pain and nucynta drug information

Decision rationale: This injured worker has chronic pain with an injury sustained in 1999. Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MD visit of 11/14 fails to document a discussion of efficacy with regards to pain and function or side effects specifically related to nucynta vs. lyrica to justify use of this class of medications. The medical necessity of nucynta is not substantiated in the records.