

Case Number:	CM15-0006588		
Date Assigned:	01/21/2015	Date of Injury:	04/17/1996
Decision Date:	03/18/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 53 year old female, who sustained an industrial injury on 04/17/1996. The diagnoses have included carpal tunnel syndrome, chronic pain syndrome, insomnia, and chronic migraine. Treatments to date have included bilateral upper extremity surgeries, bilateral wrist braces, physical therapy, sympathetic block, and medications. Diagnostics to date have included urine drug screen on 07/22/2014 was consistent. In a progress note dated 09/15/2014, the injured worker presented with complaints of upper extremity symptoms and migraines. The treating physician reported the medications help decrease the injured worker's pain by 40-50% and increase her function. Utilization Review determination on 12/22/2014 non-certified the request for Nucynta ER Tablets 100mg 60's x 24 CNT citing Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Recommendations for general conditions:- Chronic back pain: Appears to be efficacious but limi.

Decision rationale: The medical records indicate a condition of pain with reported control of pain with therapy. MTUS supports use of opioid for pain with demonstration of ongoing opioid mitigation. The treatment has consisted of braces, PT, nerve blocks and medication in past. Function is reported to be improved 40-50% with treatment. The medical records reflect monitoring of opioid use and control of pain with opioid congruent with MTUS. As such the medical records support use of nucynta congruent with ODG guidelines.