

Case Number:	CM15-0103039		
Date Assigned:	06/05/2015	Date of Injury:	05/24/2011
Decision Date:	07/10/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/28/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 57-year-old male, who sustained an industrial injury on May 24, 2011, incurring lower back injuries from heavy lifting. He was diagnosed with bilateral sacroiliitis, lumbar disc disease, lumbar stenosis, and lumbar facet joint arthropathy. Treatment included pain medications, anti-inflammatory drugs, sleep aides, antidepressants, physical therapy, Radiofrequency Ablation, bilateral sacroiliac joint injection, transcutaneous electrical stimulation unit and work restrictions. Currently, the injured worker complained of persistent low back and buttock pain with lumbar range of motion restrictions. He complained of depression secondary to the chronic pain. The treatment plan that was requested for authorization included a prescription for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 5 0mg #60: 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 Chapter, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids such as Nucynta are not indicated as 1st line therapy for neuropathic pain, and chronic back pain. They are not indicated for mechanical or compressive etiologies. They are recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Morphine and Hydrocodone in the past. They were ineffective. The claimant had been on Nucynta for over 6 months. There was no mention of a weaning attempt or Tricyclic failure. There is mention of increasing pain over time in the June 2015 progress note indicating tolerance to medication. The continued use of Nucynta is not medically necessary.