

Case Number:	CM15-0105444		
Date Assigned:	06/09/2015	Date of Injury:	10/14/2002
Decision Date:	07/10/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/01/2015

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: Maryland

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Neuromuscular Medicine

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 39-year-old male, with a reported date of injury of 10/14/2002. The diagnoses include complex regional pain syndrome/reflex sympathetic dystrophy, brachial plexus neuropathy, wrist tendinitis, shoulder tendinitis, and brachial plexus lesions. Treatments to date have included oral medications, bilateral brachial plexus block, pulsed radiofrequency procedure of the bilateral brachial plexus, bilateral stellate ganglion block, and tendon injection of the right shoulder and right wrist. The progress report dated 05/14/2015 was handwritten and somewhat illegible. The report was very limited in documentation, but indicates that the injured worker was denied a plexus block. The objective findings include weakness of the right hand. The treating physician requested Nucynta 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Nucynta 50 #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The recent documentation submitted does not reveal the above pain assessment. The documentation reveals that the patient has been on long term opioids without significant objective evidence of functional improvement therefore the request for continued Nucynta is not medically necessary.