

Case Number:	CM15-0134237		
Date Assigned:	07/22/2015	Date of Injury:	09/21/2012
Decision Date:	08/18/2015	UR Denial Date:	07/01/2015
Priority:	Standard	Application Received:	07/10/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 49 year old female who sustained a work related injury September 21, 2012, with pain in her right leg, left gluteal, waist, back and left hand. She initially was treated with medications, physical therapy, steroid injection, and imaging studies. Further care included 24 sessions of physical therapy, post-operatively, heat and ice treatment, and 24 sessions of chiropractic care from 2014-2015. Past history included right knee arthroscopic surgery and partial medial meniscectomy, October, 2013, diabetes, and hypertension. According to a physician's office visit notes, dated June 23, 2015, the injured worker presented with ongoing pain in her low back as well as pain in the right knee. She has had cortisone and Synvisc injections performed and a TENS unit twice a day, both with some benefit, although short lived. She reports her pain as 8 out of 10 without medication. She tolerates her medication well and has a 50% improvement in pain for several hours. Current medication included Nucynta, Atorvastatin, Cyclobenza-Lidocaine cream, Flurbiprofen-Lidocaine cream; Glipizide, Metformin Hydrochloride, Nortriptyline Hydrochloride, and Tramadol. Physical examination revealed; neck movements are painful with flexion beyond 55 degrees and extension beyond 10 degrees, straight leg raise is negative, FABER test is positive, Waddell's sign and pelvic compression test are negative. The right knee range of motion is restricted 0-115 degrees on the right, tenderness to palpation is noted over the hamstrings, medial joint line, and patella, anterior drawer test is negative, Lachman test is 1A and pivot shift test is negative. Diagnoses are lumbar disc displacement without myelopathy; thoracic or lumbosacral neuritis or radiculitis, not

otherwise specified; enthesopathy of knee; pain in joint of lower leg. At issue, is a request for authorization for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg 1 by mouth 2-3 times a day #90 (prescribed 6/23/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. 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 fails to document a discussion of efficacy with regards to pain and function or side effects to justify use of this class of medications. The medical necessity of nucynta is not substantiated in the records. The request is not medically necessary.