

Case Number:	CM15-0137651		
Date Assigned:	07/27/2015	Date of Injury:	04/01/2009
Decision Date:	10/13/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/16/2015

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 50 year old female, who sustained an industrial injury on April 1, 2009, incurring right shoulder and right upper extremity injuries. She was diagnosed with shoulder sprain, carpal tunnel syndrome lesion of the medial nerve, and lesion of the ulnar nerve. Treatment included pain medications, topical analgesic patches, anti-inflammatory drugs, and activity restrictions. Currently, the injured worker complained of bilateral hand and elbow pain. The bilateral upper extremity pain was rated 6 out of 10 on a pain scale of 1 to 10. She complained of numbness, joint pain, muscle weakness, constant aching burning especially with cold temperatures. She was noted as having loss of strength and weakness. She was diagnosed with a chronic pain syndrome that interfered with her daily activities of living. The injured worker has not worked since June 8, 2015. The treatment plan that was requested for authorization included a prescription for Nucynta ER (extended release). On June 30, 2015, Utilization Review denied the request for the prescription of Nucynta ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #14: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter and pg 126.

Decision rationale: According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, there the claimant was not getting adequate relief with Norco, Butrans, or Naproxen. The claimant benefitted from Percocet but had worsening constipation. The trial of Nucynta is appropriate and medically necessary to aid in pain and GI side effects.