

Case Number:	CM15-0147714		
Date Assigned:	08/10/2015	Date of Injury:	12/05/2013
Decision Date:	09/08/2015	UR Denial Date:	07/22/2015
Priority:	Standard	Application Received:	07/29/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, 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 37 year old female, who sustained an industrial injury on 12-05-2013. Initial complaints and diagnosis were not clearly documented. On provider visit dated 04-14-2015 the injured worker has reported persistence of lower back pain. On examination of the injured worker was noted to have a limited range of motion due to pain and tenderness to palpation on the left side, predominantly over the left SI joint. The diagnoses have included low back pain. Treatment to date has included medication, injections and physical therapy. The provider requested Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta (unspecified dosage & quantity): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain - Tapentadol (Nucynta); Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Introduction, Page(s): 6-7.

Decision rationale: The claimant sustained a work-related injury in December 2013 and is being treated for persistent low back pain. When seen, she was having worsening left low back pain radiating to the buttocks and left posterior thigh. There was left sacroiliac joint tenderness with positive sacroiliac joint testing. Nucynta was requested at an unknown dose and without dosing instructions. Intolerance of other opioid medication is referenced. Guidelines state that the medications and dosages should be tailored to the individual taking into consideration patient-specific variables such as comorbidities, other medications, and allergies. In this case, the dose, quantity, and dosing instructions for the requested medication are not specified and therefore, as this request was submitted, it was not medically necessary.