

Case Number:	CM15-0164695		
Date Assigned:	09/02/2015	Date of Injury:	05/03/2013
Decision Date:	10/05/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/21/2015

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 47 year old female, who sustained an industrial injury on 05-03-2013. On provider visit dated 07-23-2015 the injured worker has reported chronic neck pain, with left arm-hand radiculopathy. On examination the moderate paralumbar myospasm, moderate paracervical myospasm, and moderate parathoracic myospasm noted. Ambulation was noted as with the assist of a crutch. The diagnoses have included arthrosis of first carpometacarpal joint. Treatment to date has included medication. The provider requested Nucynta 100mg, QTY: 120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg, QTY: 120: 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), Tapentadol (Nucynta).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic)Tapentadol (Nucynta).

Decision rationale: Nucynta 100mg, QTY: 120 is not medically necessary per the ODG. The MTUS does not specifically address Nucynta. The ODG states that this medication is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The documentation does not reveal intolerance to first line opioids therefore this request is not medically necessary.