

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0190329 | | |
| Date Assigned: | 10/02/2015 | Date of Injury: | 12/14/2013 |
| Decision Date: | 11/12/2015 | UR Denial Date: | 09/04/2015 |
| Priority: | Standard | Application Received: | 09/28/2015 |

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 48 year old male, who sustained an industrial injury on 12-14-13. Current diagnoses or physician impression includes lumbosacral-thoracic neuritis or radiculitis (unspecified), sacroiliac ligament sprain-strain, lumbar facet arthropathy, lumbar degenerative disc disease and chronic pain syndrome. His work status is total temporary disability. Notes dated 7-23-15 - 8-27-15 reveals the injured worker presented with complaints of frequent lumbosacral pain described as dull. The pain is exacerbated by bending, twisting, prolonged sitting, standing and walking, lifting and pushing-pulling greater than 10 pounds, squatting, kneeling and climbing up or down stairs. The injured worker experiences difficulty with activities of daily living. A physical examination dated 8-27-15 revealed tenderness to palpation at the bilateral lumbar spine (right greater than left) and bilateral weakness of the lower extremities with "resisted hip flex and knee flex secondary to pain". Treatment to date has included medications; Lidopro cream is most helpful for decreasing his pain, Lidopro patch is helpful, but causes a rash, Nucynta for at least 5 months is beneficial at reducing severe pain (per noted dated 8-27-15), Naproxen, Cyclobenzaprine and Omeprazole, cane for ambulation, TENS unit decreased pain to 5 out of 10 (per note dated 5-20-15), chiropractic care relieves the pain (per note dated 8-4-15) physical therapy (at least 18 sessions) was beneficial in reducing pain and a lumbar epidural steroid injection resolved the lower extremities tingling, per note dated 5-6-15. A request for authorization dated 8-27-15 for Nucynta 50 mg #60 is modified to #50, per Utilization Review letter dated 9-4-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg #60: Upheld

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.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. 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 was no mention of difficulties tolerating other opioids. There was no mention of weaning or Tricyclic failure. The claimant still required invasive procedures for pain relief while on Nucynta. Continued use of Nucynta is not medically necessary.