

Case Number:	CM15-0212336		
Date Assigned:	11/02/2015	Date of Injury:	12/06/2010
Decision Date:	12/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/28/2015

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: California, North Carolina
 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:

This is a 49-year-old male with a date of injury of December 6, 2010. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain syndrome, post-concussion syndrome, degeneration of lumbar or lumbosacral intervertebral disc, lumbago, abnormality of gait, chronic neck pain, lumbar radiculopathy, and upper extremity nerve injury. Medical records dated July 7, 2015 indicate that the injured worker complained of lower back pain radiating to the left leg with some numbness in the leg, mid back pain, upper back pain, neck pain, pain, burning, and numbness in the left arm. Records also indicate that the injured worker was able to stand for fifteen minutes, wash dishes, and sleep for four to five hours with medications. A progress note dated September 21, 2015 documented complaints similar to those reported on July 7, 2015. Per the treating physician (July 7, 2015), the employee had returned to work. The physical exam dated July 7, 2015 reveals tightness of the trapezius muscles, tenderness around the left clavicle, tenderness when raising the left shoulder, generalized weakness of the left arm, positive straight leg raise, decreased range of motion of the lumbar spine, and absent Achilles reflex. The progress note dated September 21, 2015 documented a physical examination that showed no changes since the examination performed on July 7, 2015. Treatment has included medications (Nucynta since at least 2014; Lyrica, Oxycodone), chiropractic treatments, transcutaneous electrical nerve stimulator unit, and physical therapy. The treating physician documented that the urine drug screen (no date given) showed that the injured worker was using medications consistently. The utilization review (October 2, 2015) non-certified a request for Nucynta ER 150mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150 mg Qty 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The claimant is a 49 year-old male with date of injury of 12/6/2010 who is diagnosed with chronic pain syndrome. The request is for Nucynta, an opioid that is recommended only as a second-line therapy for patients who develop intolerable adverse effects with first-line opioids. In this case, the available clinical information does not document intolerable adverse effects with the use of first-line opioids. The available clinical information does not support the medical necessity of Nucynta.