

Case Number:	CM15-0222726		
Date Assigned:	11/18/2015	Date of Injury:	06/12/2014
Decision Date:	12/30/2015	UR Denial Date:	11/06/2015
Priority:	Standard	Application Received:	11/12/2015

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, Indiana, New York
Certification(s)/Specialty: Internal 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 49 year old, male who sustained a work related injury on 6-12-14. A review of the medical records shows he is being treated for left knee injury. In the progress notes dated 10-27-15, the injured worker reports worsening, sharp and throbbing left knee pain. He rates his pain level a 5 out of 10 with medications and a 10 out of 10 without medications. He states the pain is "alleviated by medication." Upon physical exam dated 10-27-15, he has left knee medial joint line tenderness. Left knee range of motion is normal. Treatments have included left knee surgery 4-9-15, physical therapy x 12 sessions-improvement, cortisone injections in left knee and medications. Current medications include Ultram, Ibuprofen, Voltaren gel, Lisinopril, and Fenofibrate. He is not working. The treatment plan includes requests for 2nd opinion orthopedic consult and a new prescription for Nucynta. Ultram discontinued. The Request for Authorization dated 10-27-15 has requests for a 2nd opinion orthopedic consult and Nucynta. In the Utilization Review dated 11-6-15, the requested treatment of Nucynta 100mg. #45 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta tab 100mg quantity 45 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Weaning of Medications.

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

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta tablet 100mg, #45 for 30 days is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are sprain of other specified parts of the left knee, initial encounter. Date of injury is June 12, 2014. Request authorization is October 30, 2015. According to a June 23, 2015 progress note, the treating provider prescribed Ultram. According to a July 2015 progress note, medications included Ultram, Norco and ibuprofen. According to an October 14, 2015 progress note, Norco was discontinued. Tramadol was continued, but medications were not helping. According to an October 27, 2015 progress note, the injured worker present for follow-up status post left knee arthroscopy April 9, 2015. The worker received physical therapy, medications and supartz injections. Objectively, there is medial joint line tenderness. Range of motion is normal. The treatment plan included discontinuing tramadol and prescribing Nucynta. It was a peer-to-peer conference call with agreement to reduce the dose of Nucynta 50 mg at bedtime. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. There is no documentation of intolerable adverse effects with first-line opiates. Consequently, Nucynta is not indicated. Based on the clinical information in the medical record and the peer-reviewed evidence-based guidelines, Nucynta tablet 100mg, #45 for 30 days is not medically necessary.