

Case Number:	CM15-0032312		
Date Assigned:	02/25/2015	Date of Injury:	07/17/2008
Decision Date:	04/07/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/20/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 July 17, 2008. She has reported lower back pain and right leg pain. The diagnoses have included lower back pain, discogenic pain, Lumbar spine degenerative disc disease, lumbar spine radiculopathy, lumbar spine post laminectomy syndrome and chronic pain syndrome. Treatment to date has included medications, transforaminal epidural steroid injection, transcutaneous electrical nerve stimulation unit, ice, stretching, psychotherapy, acupuncture, and imagining studies. A progress note dated February 4, 2015 indicates a chief complaint of continued lower back pain with radiation to the right leg. Physical examination showed positive bilateral straight leg raises, lumbar spine tenderness, decreased sensation at the L5-S1 dermatomes, and an antalgic gait. The treating physician is requesting a prescription for Nucynta. On February 11, 2015 Utilization Review denied the request citing the California Medical Treatment Utilization Schedule California Chronic Pain Medical treatment Guidelines. On February 20, 2015, the injured worker submitted an application for IMR of a request for a prescription for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Usage of Nucynta ER 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-80.

Decision rationale: Guidelines regarding opioids recommend documentation that the prescriptions are from a single practitioner, the lowest possible dose, and ongoing monitoring of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient has been responsive to current medications and there is no clear indication for why the patient requires another medication. Thus, the request for Nucynta ER 50 mg #60 is not medically necessary and appropriate.