

Case Number:	CM15-0033842		
Date Assigned:	02/27/2015	Date of Injury:	03/29/1984
Decision Date:	04/07/2015	UR Denial Date:	01/26/2015
Priority:	Standard	Application Received:	02/23/2015

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: Ohio, North Carolina, Virginia
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 58 year old, male patient, who sustained an industrial injury on 03/29/1984. A pain visit follow up dated 01/07/2015 reported current medications; Nucynta 50MG, Prozac 20Mg and Advil 800MG. Prior treatment included; physical therapy, acupuncture, trigger point injections, spinal blocks, epidurals, lumbar facet injections, spinal cord stimulator trial, failed, Toradol injections and spinal surgery times 4. A request was made for the medication Nucynta 50MG # 60. On 01/26/2015, Utilization Review, non-certified the request, noting the CA MTUS, Chronic Pain, Opioids, Nucynta and ODG were cited. On 02/23/2015, the injured worker submitted an application for independent medical review of requested services.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: Those prescribed opioids like Nucynta chronically require ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. The opioids may generally be continued if there is improvement in pain and functionality and/or the injured worker has regained employment. In this instance, the injured worker reports pain relief on the Nucynta from 10/10 pain down to 7/10 pain. He is more functional with the medicine as evidenced by his ability to go to the gym and to go shopping. An appropriate urine drug screen is documented on 9-30-2014. He reports his pain stems from remaining surgical hardware the removal of which has been denied by UR. He has tried nearly every opioid and non-opioid modality otherwise for pain control. Therefore, Nucynta 50 mg #60 is medically necessary.