

Case Number:	CM15-0059504		
Date Assigned:	04/06/2015	Date of Injury:	03/31/1994
Decision Date:	05/05/2015	UR Denial Date:	03/06/2015
Priority:	Standard	Application Received:	03/30/2015

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: North Carolina, Georgia
 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 female, who sustained a work/ industrial injury on 3/31/94. She has reported initial symptoms of wrist, hands, neck, upper back and lower back pain. The injured worker was diagnosed as having disc disruption and nerve compression. Treatments to date included medication and diagnostics. Magnetic Resonance Imaging (MRI) was performed on 8/18/14. Currently, the injured worker complains of continuous moderate to high severity pain to the neck, low and mid back with spasm and myoclonus and sciatica to the legs. There was also recent illness and depression. Other complaints include pain, numbness and tingling in the hands and wrists and intermittent sharp shooting neuropathic pain into the right shoulder and arm. The treating physician's report (PR-2) from 1/14/15 indicated normal lordosis and increased thoracic kyphosis, 2+ spasm and tenderness in the lumbar paraspinals with trigger points with local twitch. Facet load causes pain. Straight leg raise is positive on right. Treatment plan included Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg tablets, Qty 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Nucynta.

Decision rationale: CA MTUS allows for the use of opioid medication, such as oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not document any substantial functional improvement. Prior reviews have recommended weaning. Therefore, the record does not support medical necessity of ongoing opioid therapy with oxycontin and is not medically necessary.