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| Case Number: | CM15-0231079 | | |
| Date Assigned: | 12/04/2015 | Date of Injury: | 04/22/2013 |
| Decision Date: | 01/11/2016 | UR Denial Date: | 11/04/2015 |
| Priority: | Standard | Application Received: | 11/24/2015 |

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:

This injured worker is a 54 year old male who reported an industrial injury on 4-22-2013. His diagnoses, and or impressions, were noted to include: cervical degenerative disc disease, cervicothoracic disc disorder with radiculopathy, post laminectomy syndrome, lumbar spine sprain-strain, low back pain, lumbar disc displacement, and lower extremity radiculitis. Electrodiagnostic studies were done on 6-9-2015, noting mild bilateral median neuropathy at the carpal tunnel, and cervical radiculopathy; and MRI of the cervical spine was done on 5-8-2015, noting disc desiccation, straightening of the cervical spine, and disc herniation with abutment. His treatments were noted to include: surgery; therapy; aquatic therapy; activity modification; medication management with toxicology studies (9-18-15); and restricted work duties versus rest from work. The progress notes of 10-21-2015 reported: occasional radiation of neck pain, rated 7-8 out of 10, into the upper extremities, with occasional headaches with numbness-weakness; and that he was unable to get his medications due to not having a specific card. The objective findings were noted to include: the use of a cane, an elevated blood pressure, restricted and painful twisting, extension and flexion of the bilateral cervical spine that was with tenderness and moderate-severe spasms, right grip strength and right biceps weakness, right cervical 6 dermatome numbness, and decreased reflexes in the bilateral wrists and triceps. The physician's requests for treatment were noted to include refilling Nucynta 100 mg 3 x a day, 30 days, #90 with no refills. The Utilization Review of 11-4-2015 non-certified the request for Nucynta 100 mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 100mg #90 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 diagnosis is cervical radiculopathy right C6. Date of injury is April 22, 2013. Request for authorization is August 21, 2015. According to the progress note dated August 12, 2015, the treating provider prescribed Vicodin 5/325mg. According to an initial pain management consultation dated August 20, 2015, subjective complaints include neck pain that radiates to the upper extremities. That pain started after low back surgery. Pain score is 8/10. Objectively, there is decreased range of motion cervical spine with tenderness at C3 - C4 and spasm. The treatment plan indicates the treating provider is starting Nucynta. There is no documentation of failed first-line opiate therapy. There is no documentation of intolerable adverse effects with first-line opiates. There is no clinical rationale for starting Nucynta. Based on the clinical information the medical record and the peer-reviewed evidence-based guidelines, Nucynta 100mg #90 is not medically necessary.