

Case Number:	CM14-0111108		
Date Assigned:	08/01/2014	Date of Injury:	12/18/1999
Decision Date:	10/09/2014	UR Denial Date:	06/11/2014
Priority:	Standard	Application Received:	07/16/2014

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. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in Mississippi. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 records presented for review indicate that this 59-year-old female was reportedly injured on December 18, 1999. The mechanism of injury is noted as cumulative trauma. The most recent progress note, dated August 15, 2014 indicates that there are ongoing complaints of cervical spine pain radiating to the left upper extremity. The injured employee stated that now she is not at work she can manage her time better for exercise and will try to start a medication taper. No focused physical examination was performed on this date. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes a cervical spine discectomy at C6 - C7 and subsequent fusion, physical therapy, and home exercise. A request had been made for Nucynta IR 100 mg and was not certified in the pre-authorization process on June 11, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 100 mg, quantity 480: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Page(s): 143, Chronic Pain Treatment Guidelines Functional improvements measures; Criteria for the use of opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) ODG -TWC/ODG Integrated Treatment/Disability Duration Guidelines; Knee & Leg (Acute & Chronic) - Compression Garments (updated 05/14).

Decision rationale: The Official Disability Guidelines supports Nucynta as 2nd line therapy for patients with moderate to severe pain who have developed intolerable adverse effects with first-line opiates. According to the progress note dated August 15, 2014, the injured employee is taking eight tablets of Nucynta 100 mg per day. This is the equivalent of 293 mg of morphine daily which is more than twice the recommended 120 mg daily dose. Additionally, there is no objective report of pain relief or increased ability to function with the use of Nucynta. For these reasons, this request for Nucynta IR 100 mg is not medically necessary.