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| Case Number: | CM14-0124321 | | |
| Date Assigned: | 08/11/2014 | Date of Injury: | 07/10/2006 |
| Decision Date: | 10/14/2014 | UR Denial Date: | 07/18/2014 |
| Priority: | Standard | Application Received: | 08/06/2014 |

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 California. 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 claimant is a 62-year-old gentleman who injured his neck on 7/10/06 when lifting a TV camera in an awkward position. Following the injury the claimant underwent an anterior cervical discectomy and fusion of C5 to C7 on 12/28/10 and rotator cuff repair surgery. The progress report on 6/26/14 noted continued neck and upper extremity pain with no significant benefit from recent conservative treatment. The claimant reported his sleep was poor and his activity level remained the same. Physical examination showed diminished cervical range of motion, diminished range of motion of the right shoulder, diminished sensation to light touch over the thumb, index, and middle finger. The recommendation was made for continuation of medication management. The medical records documented that weaning doses on Nucynta had been prescribed. This is a retrospective request for the use of Nucynta # 60 tablets dated 6/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Nucynta ER 150mg, qty 60, DOS 06/26/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 11, 56, 67-68, 78, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Criteria For Use Page(s): 76-80. Decision based on Non-MTUS Citation Official Disability

Guidelines (ODG) Treatment in Worker's Comp; 18th Edition; 2013 Updates; Chapter Pain; Nucynta

Decision rationale: Based on California MTUS Chronic Pain Treatment Guidelines, the continued use of Nucynta would not be indicated. This individual has been prescribed weaning doses of Nucynta at recent examinations. The request at present was for 60 tablets which would exceed weaning dose criteria based on his modified prior dose of 30 tablets. The medical records provided for review failed to document any significant benefit or long-term improvement with the use of Nucynta. Therefore, the dose of Nucynta as prescribed would not be supported as medically necessary.