

Case Number:	CM14-0158388		
Date Assigned:	10/01/2014	Date of Injury:	06/10/2009
Decision Date:	10/28/2014	UR Denial Date:	09/05/2014
Priority:	Standard	Application Received:	09/26/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 35-year-old male with a date of injury of 6-10-2009. He was kicked in the right chest wall and subsequently developed diffuse neck and back pain. An MRI of the cervical spine revealed a 2-3 mm central disc protrusion at C5-C6 but was otherwise normal. A thoracic MRI revealed a small disc herniation at T4-T5 but was otherwise normal. An MRI of the lumbar spine revealed disc desiccation from L2-L5, facet hypertrophy and disc bulge with foraminal stenosis at L4-L5. The physical exam reveals diminished range of motion of the cervical and lumbar spines with tenderness to palpation to the paraspinal musculature generally. He has had two urine drug screens in the last year. A note from 6-26-2014 documents improved ADL's and a 50% pain reduction as a consequence of the Nucynta use. It has also been documented that the injured worker has been previously intolerant of several opioids and anti-inflammatories. The diagnoses include cervical disc displacement without myelopathy, lumbar disc displacement without myelopathy, chronic pain syndrome with psychological overlay, depression, and anxiety. He recently began a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90, take 1 tab q8hr: Overturned

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

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

Decision rationale: The use of opioids chronically requires ongoing monitoring of analgesia, functionality, adverse reactions, and any aberrant drug taking behavior. The guidelines state that opioids should be continued if there is improvement in pain and functionality or if the patient has returned to work. A review of the record does show a modest improvement in pain and functionality as a consequence of Nucynta treatment. Appropriate urine drug screening is being performed. Constipation and dyspepsia are being addressed. Therefore, the request for Nucynta 50mg #90, take 1 tab q8hr is medically necessary.