

Case Number:	CM14-0162865		
Date Assigned:	10/08/2014	Date of Injury:	01/23/2010
Decision Date:	11/14/2014	UR Denial Date:	09/11/2014
Priority:	Standard	Application Received:	10/03/2014

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 Physical Medicine & Rehabilitation, 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 underlying date of injury in this case is 01/23/2010. The date of the utilization review under appeal is 09/11/2014. On 08/08/2014, the patient was seen in pain physician followup regarding chronic widespread pain following traumatic brain injury. The patient was also noted to have right shoulder internal derangement, major depressive disorder, cervical stenosis, and gastroesophageal reflux. The treating physician at that time noted the patient had ongoing pain and had been felt to be permanent and stationary by agreed medical examiner. He recommended eight sessions of physical therapy for the lumbar spine and recommended treatment with Lyrica and Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Nucynta 75mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids/Ongoing Management, beginning on Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, beginning on page 78, discuss

the four A's of opioid management. The medical records in this case do not document these four A's of opioid management to support an indication for Nucynta. It is not clear that this patient does not have functional benefit from opioids to support ongoing use of Nucynta, nor does this patient have a diagnosis for which chronic opioids are recommended. This request overall is not supported by the medical records. This request is not medically necessary.