

Case Number:	CM14-0212834		
Date Assigned:	12/30/2014	Date of Injury:	12/28/2010
Decision Date:	03/05/2015	UR Denial Date:	12/03/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Pennsylvania, Ohio, California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 12/28/2010. The date of the utilization review under appeal is 12/03/2014. On 09/02/2014, the patient was seen in primary treating physician followup regarding right L4-L5 and L5-S1 facet arthropathy and left gluteal bursitis. The patient rated an overall improvement at that time of 0% and reported pain at 7/10. He did report improved sleep, however. The treating physician noted that Workers' Compensation care would not cover Norco for his pain and that his primary care physician had prescribed 2 tablets at bedtime which the patient had taken because he felt that Nucynta "winds him up" and that he is not able to sleep at night. The treatment plan included bilateral L4-L5 and L5-S1 facet injections as well as possible left gluteal bursa injections. The treating physician recommended the present medical management and planned facet injections for 09/15/2014 and also discussed disability paperwork with the patient.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Upheld

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

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

Decision rationale: The California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discusses the 4 A's of opioid management. Overall, in this case the medical records do not clearly document functional improvement from opioids to support continued use of Nucynta. Rather, the patient reports side effects of the medication. Additionally it is not clear the extent to which screening for potential aberrant behavior has been documented, such as urine drug screening. Overall, the 4 A's of opioid management have not been met. This request is not medically necessary.