

Case Number:	CM15-0007139		
Date Assigned:	01/26/2015	Date of Injury:	09/06/2013
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/13/2015

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: Florida

Certification(s)/Specialty: Neurology, Pain Management

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 55 year old male, who sustained an industrial injury on September 6, 2013. The diagnoses have included bilateral shoulder tendinopathies, cervical sprain/strain, lumbar strain/sprain, bilateral knee sprain/strain with degenerative joint disease (DJD) and chondromalacia, reactive depression and cervical spondylitic changes and degenerative disc disease (DDD). Treatment to date has included magnetic resonance imaging (MRI), X-ray and oral medications. Currently, the IW complains of bilateral shoulder and knee pain and back pain. Treatment includes oral medication with compliance urine screenings. On December 26, 2014 utilization review modified a request for Nucynta 100mg #120, noting the record failed to document functional improvement. The Medical Treatment Utilization Schedule (MTUS) guidelines were utilized in the determination. Application for independent medical review (IMR) is dated January 5, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS, Opioids Page(s): 68-69, 75, 78, 84-87 and 15, 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Recommendations for general conditions:- Chronic back pain: Appears.

Decision rationale: The medical records support the presence of ongoing chronic pain but does not document specific response to opioid therapy or report functional benefit by demonstration of increased physical activity or tolerance for activities. MTUS supports chronic opioid therapy when other conservative treatment has not been sufficient and the insured is having functional benefit. As the records do not demonstrate functional benefit with the treatment, continuation is not supported.