

Case Number:	CM15-0012754		
Date Assigned:	01/30/2015	Date of Injury:	04/23/2010
Decision Date:	03/19/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/21/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 59 year old male, who sustained an industrial injury on April 23, 2010. He has reported bilateral knee pain, lower back pain and right shoulder pain. The diagnoses have included osteoarthritis of the shoulder, lower leg joint pain, bursitis/tendonitis of the shoulder, and pain of the soft tissues of a limb. Treatment to date has included medications, injections, and knee arthroscopy. A progress note dated November 19, 2014 indicates a chief complaint of continued lower back pain and leg pain. Physical examination showed moderate decreased range of motion of the spine, decreased strength of the legs, and an antalgic gait. The treating physician requested prescriptions for Opana and Nucynta. On December 24, 2014 Utilization Review certified the request for a prescription for Opana and denied the request for a prescription for Nucynta citing the MTUS, ACOEM Guidelines, and ODG.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #60: 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 Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Pain section, Nucynta, Opiates

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta ER 50 mg #60 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. Nucynta is efficacious and provided efficacy that was similar to Oxycodone for the management of chronic osteoarthritis knee and low back pain with a superior gastrointestinal tolerability profile and fewer treatment discontinuation. Nucynta is a schedule II controlled substance. It has the same risks that come with any opiate. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the worker's working diagnoses are chronic pain; lumbar radiculitis; osteoarthritis shoulder region; pain in joints lower leg; unspecified disorder tendon shoulder region; and pain in soft tissues of limb. The medical record is 58 pages in length. In a progress note (the sole progress note) dated November 19, 2014, the treating physician documents starting Opana (morphine sulfate) because there are side effects with Nucynta. The injured worker is also taking Norco for breakthrough pain. There is no documentation of objective functional improvement associated with Nucynta. The documentation indicates a change from Nucynta to Opana because of side effects with Nucynta. Additionally, Nucynta is recommended only as a second line therapy option for patients who develop intolerable adverse effects with first-line opiates. There is no documentation of intolerable adverse effects with first-line opiates. Consequently, absent clinical documentation to support continued use of Nucynta (contrary to what the documentation proposes and November 19, 2014 progress note), Nucynta ER 50 mg #60 is not medically necessary.