

Case Number:	CM15-0176742		
Date Assigned:	09/17/2015	Date of Injury:	09/16/2003
Decision Date:	10/20/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	09/08/2015

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 63 year old female who sustained an industrial injury on 9-16-03. The injured worker reported pain in the low back and bilateral knees. A review of the medical records indicates that the injured worker is undergoing treatments for spinal stenosis facet degenerative joint disease, post trauma right knee, injury left knee post fall with swelling and tenderness. Medical records dated 8-3-15 indicate pain rated at 8 to 9 out of 10 reduced to 4 to 5 out of 10 with use of medication. Treatment has included status post left knee surgery (June of 2012), H-wave unit, radiographic studies, magnetic resonance imaging, electromyography, Lidoderm patch since at least January of 2015, Lyrica since at least January of 2015, Nucynta since at least January of 2015, Topiramate since at least January of 2015, Tramadol since at least January of 2015 and Zanaflex since at least January of 2015. Objective findings dated 8-3-15 were notable for lumber spine tenderness at L4-L5 with trigger points noted, paraspinal spasm, decreased range of motion, left knee swollen with tenderness to the lateral side and joint line. The original utilization review (8-4-15) denied a request for Nucynta 100 milligrams quantity of 60, 1 month supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #60, 1 month supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 100mg #60, one month supply is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are spinal stenosis facet DJD; post trauma right knee; injury left knee post fall with swelling and tenderness: left knee pain; and status post left knee surgery. The date of injury is September 16, 2003. Request for authorization is July 15, 2015. According to a January 20, 2015 progress notes, the treating provider prescribed tramadol. According to a progress note dated May 1, 2015, the treating provider continued tramadol and added Nucynta to the drug regimen. There was no documentation of intolerable adverse effects with first-line opiates. According to a June 22, 2015 progress note, the injured worker complained of ongoing pain. Tramadol was discontinued (although remained in the current list of medications). Nucynta 100 mg was continued and Ambien was added. There is no documentation of intolerable adverse effects with first line opiates. There is no clinical indication or rationale for the addition and continuation of Nucynta. Based on the clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation of intolerable adverse effects with first line opiates and no clinical indication or rationale for Nucynta, Nucynta 100mg #60, one month supply is not medically necessary.