

Case Number:	CM15-0067036		
Date Assigned:	04/14/2015	Date of Injury:	09/24/2009
Decision Date:	05/13/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/08/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 67-year-old male who sustained an industrial injury on 09/24/2009. The injured worker was diagnosed with cervical radiculopathy, cervical degenerative disc disease, lumbar degenerative disc disease, lumbar radiculopathy and avascular necrosis of the left hip. The injured worker underwent a left anterior total hip arthroplasty on November 2014 and a cervical fusion in 1999 prior to this injury date. Treatment to date has included diagnostic testing, cervical transforaminal epidural steroid injection (ESI), physical therapy, surgery and medications. According to the primary treating physician's progress report on March 18, 2015, the injured worker presented for evaluation. Examination demonstrated restricted cervical, lumbar and left hip range of motion in all planes with positive provocative maneuvers of these areas. There was decreased sensation and motor strength of the right upper extremity. There was reduced balance in heel, toe and tandem walking. The injured worker ambulates with a cane. Current medications are listed as Neurontin, Lodine, Ambien, Omeprazole and Nucynta. Treatment plan includes continue with prescribed medications and the current request for Nucynta renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. It is not 1st line use for chronic pain prior to failed treatments with Tylenol, NSAIDs or Tricyclics. In this case, the claimant had been on Hydrocodone for months prior to using Nucynta. Recent pain scores are 8/10 in combination with NSAIDS. Pain reduction with Nucynta cannot be determined. In addition, long-term use of opioids are not recommend- as in this case it can lead to tolerance. The continued use of Nucynta is not medically necessary.