

Case Number:	CM15-0068462		
Date Assigned:	04/16/2015	Date of Injury:	06/24/1999
Decision Date:	05/15/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/10/2015

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: Indiana

Certification(s)/Specialty: Preventive Medicine, Occupational 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 66 year old male patient who sustained an industrial injury on 06/24/1999. A follow up visit dated 08/27/2004 reported a chief complaint of neck pain, right shoulder pain, less severe shoulder pain left, and low back pain with right sided sciatica. He also has complaint of left knee pain. The patient reported having undergone left shoulder surgery on 03/20/2003, right shoulder surgery, multiple epidural injections. The patient has been experiencing numbness of the thumb, index, and middle fingers of the right hand. Current medications are: Vicodin, Ibuprophen. The following diagnoses are applied: chronic cervical spine pain, cervical spine disc disease, and degenerative arthritis, chronic lumbar spine pain, degenerative disc disease, right shoulder pain status post acromioplasty, open rotator repair, bilateral knee pain and right mild carpal tunnel syndrome.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids that ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient subjective pain rating has progressively worsened, indicating that this regimen is not appropriate. The employee is also taking at least one other opioid and there is no plan on how to reconcile all of the medications and make them part of a cohesive pain treatment plan. As such, the request for Nucynta is not medically necessary.