

Case Number:	CM14-0101544		
Date Assigned:	07/30/2014	Date of Injury:	08/02/2010
Decision Date:	11/21/2014	UR Denial Date:	06/30/2014
Priority:	Standard	Application Received:	07/01/2014

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. The expert reviewer is Board Certified in Neurology, has a subspecialty in Pain Management and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

10/21/14 PR-2 notes pain in the upper extremity in the left shoulder. It is worse with cold weather. Myofascial release is reported to help the pain best. Nucynta is reported to work well to alleviate the pain. Examination notes no focal neurologic deficits. Plan of care reported further medical treatment and the insured was counseled that "use of Tylenol with health concerns is best avoided."

IMR ISSUES, DECISIONS AND RATIONALES

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

Tylenol with Codeine no 3 # 30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 75-79.

Decision rationale: MTUS supports the use of opioids for patients with chronic pain not responsive to other treatment, for whom functional benefit is documented, and for whom there is ongoing opioid risk mitigation being performed. The medical records provided for review do not document objective functional gain related to opioid use and the medical records do not

document any ongoing opioid risk mitigation tools being utilized. As such the medical records do not support use of opioids for the insured consisting of Tylenol with codeine.

Nucynta 50mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 75-79.

Decision rationale: MTUS supports the use of opioids for patients with chronic pain not responsive to other treatment, for whom functional benefit is documented, and for whom there is ongoing opioid risk mitigation being performed. The medical records provided for review do not document objective functional gain related to opioid use and the medical records do not document any ongoing opioid risk mitigation tools being utilized. As such the medical records do not support use of opioids for the insured consisting of Nucynta.