

Case Number:	CM14-0062080		
Date Assigned:	07/11/2014	Date of Injury:	06/14/2006
Decision Date:	11/10/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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. 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, North Carolina
 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 48 year old male, who sustained an industrial injury on 6-14-06. The documentation on 11-26-13 noted that the injured worker has complaints of gluteal pain that radiated to the left calf, left foot and left thigh. The documentation noted that the lumbar spine has moderate spasm and maximum tenderness and active painful range of motion with limiting factors of pain. The diagnoses have included failed back surgery lumbar; degeneration of lumbar or lumbosacral intervertebral disc and facet arthropathy. Treatment to date has included heat; ice; lying down; injections; trigger point injection; voltaren; nucynta; norco and flexeril. The original utilization review (4-17-14) modified the request for nucynta ER 100mg #60 with 2 refills to nucynta ER 100mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60 W/ 2 Refills: 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 rationale: CA MTUS Guidelines supports the use of opioids for chronic pain when the patient has returned to work and has documented evidence of significant pain relief and functional improvement. A previous UR for the use of Nucynta was modified in a 4/17/14 recommendation, due to a lack of evidence of return to work or functional improvement. In the interim, the claimant's attorney has chosen a new provider, [REDACTED], who is not requesting Nucynta. Therefore the request is no longer medically necessary or appropriate.