

# Independent Resolutions Inc.

An Independent Review Organization  
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## NOTICE OF INDEPENDENT REVIEW DECISION

### DATE NOTICE SENT TO ALL PARTIES:

Mar/07/2014

### IRO CASE #:

### DESCRIPTION OF THE SERVICE OR SERVICES IN DISPUTE:

Nucynta 100mg 1 tablet 3 X day #90

### A DESCRIPTION OF THE QUALIFICATIONS FOR EACH PHYSICIAN OR OTHER HEALTH CARE PROVIDER WHO REVIEWED THE DECISION:

Board Certified PM&R

### REVIEW OUTCOME:

Upon independent review, the reviewer finds that the previous adverse determination/adverse determinations should be:

Upheld (Agree)

Overturned (Disagree)

Partially Overturned (Agree in part/Disagree in part)

**Provide a description of the review outcome that clearly states whether medical necessity exists for each health care service in dispute.**

### INFORMATION PROVIDED TO THE IRO FOR REVIEW:

#### PATIENT CLINICAL HISTORY [SUMMARY]:

The patient is a female who sustained an injury on xx/xx/xx. The patient was initially assessed with a displaced fracture of the right foot at the 5th metatarsal. This required open reduction and internal fixation. The patient was followed for complaints of chronic right foot pain and had been managed with multiple medications to include Hydrocodone, Nucynta, and Vicodin. The patient was also noted to have previously utilized Ultram. The patient did have toxicology results from 10/02/13 showing positive results for Hydrocodone, Nucynta, and Tramadol. The most recent clinical report from 11/14/13 was handwritten and difficult to interpret due to handwriting and copy quality. Pain was rated at 5-7/10 with the VAS. The patient did report some numbness and tingling without medications. Physical examination was limited without specific findings noted. The patient underwent lumbar sympathetic blocks at L2 and L3 on 12/13/13.

The request for Nucynta 100mg tablets, quantity 90 was denied by utilization review on 01/10/14 as there was no clear documentation regarding side effects from 1st line narcotic medications to warrant the use of Nucynta. Furthermore, satisfactory response to treatment was not specified.

This medication was again denied by utilization review on 02/18/14 as there was no indication of intolerable side effects from 1st line opioid medications to justify the use of

Nucynta. There were also no pain contracts, pill counts, or drug screens for compliance measures.

**ANALYSIS AND EXPLANATION OF THE DECISION INCLUDE CLINICAL BASIS, FINDINGS AND CONCLUSIONS USED TO SUPPORT THE DECISION:**

The patient has been followed for chronic right foot and ankle pain stemming from a 5th metatarsal fracture which required open reduction and internal fixation. The patient has been managed with multiple medications including narcotics. The clinical documentation submitted did not specify whether the patient had any substantial side effects to 1st line narcotic medications and was noted to have been utilizing Norco in addition to Nucynta as recently as October of 2013. The last positive toxicology results were from October of 2013 which was compliant with the listed medications for the patient. The clinical documentation submitted for review also does not identify clear functional improvement or pain reduction with the continuing use of Nucynta to warrant its ongoing use. As such, it is this reviewer's opinion that medical necessity is not established in this case and the prior denials are upheld.

**A DESCRIPTION AND THE SOURCE OF THE SCREENING CRITERIA OR OTHER CLINICAL BASIS USED TO MAKE THE DECISION:**

**MEDICAL JUDGEMENT, CLINICAL EXPERIENCE, AND EXPERTISE IN ACCORDANCE WITH ACCEPTED MEDICAL STANDARDS**

**ODG-OFFICIAL DISABILITY GUIDELINES & TREATMENT GUIDELINES**