

# **Applied Assessments LLC**

**An Independent Review Organization**

**Phone Number:**  
(512) 333-2366

2771 E Broad St. Suite 217 PMB 110  
Mansfield, TX 76063

**Email:** [appliedassessments@irosolutions.com](mailto:appliedassessments@irosolutions.com)

**Fax Number:**  
(512) 872-5096

**Case Number:**

**Date of Notice:** 11/13/2015

## **Review Outcome:**

**A description of the qualifications for each physician or other health care provider who reviewed the decision:**

Anesthesiology

## **Description of the service or services in dispute:**

Nucynta 100mg #90 Day Supply: 30

**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)

## **Patient Clinical History (Summary)**

The patient is a female who was injured on xx/xx/xx. The patient has been followed for chronic complaints of pain involving the legs, ankle, and foot. The patient had been assessed with reflex sympathetic dystrophy involving the lower extremities. Prior treatment had included the use of several narcotic medications which caused side effects. The patient did receive recent sympathetic nerve blocks in. The patient's routine clinical assessments were all handwritten. The report was difficult to interpret due to handwriting and copy quality. Pain scores were noted to be 5/10 in intensity with ongoing tingling sensations reported in the right lateral leg. At this evaluation, the patient was utilizing Ultram 300mg daily as well as Nucynta 100mg 3 times a day.

The ongoing use of Nucynta was denied by utilization review on 10/12/15 as there was no documentation regarding a signed opioid contract. There was also limited discussion regarding the efficacy of Nucynta for ongoing pain relief.

The request was again denied; however, the rationale was not provided for review.

**Analysis and Explanation of the Decision include Clinical Basis, Findings and Conclusions used to support the decision.**

The patient has been prescribed Nucynta 100mg taken 3 times a day for pain involving the lower extremities consistent with reflex sympathetic dystrophy. Although previous urine drug screen testing did note consistent findings for prescribed medications, it is unclear if any recent compliance measures have been completed for this patient to include updated urine drug screen testing as well as risk factors for continued opioid use. It is unclear from the records whether the patient is under a current opioid contract. The most recent clinical assessments were handwritten and difficult to interpret and did not clearly indicate the efficacy of Nucynta in terms of pain relief or functional improvement. Given these issues, it is this reviewer's opinion that medical necessity for this medication has not been established and the prior denials remain upheld.

***A description and the source of the screening criteria or other clinical basis used to make the decision:***

- ACOEM-America College of Occupational and Environmental Medicine um
- knowledgebase AHCPH-Agency for Healthcare Research and Quality Guidelines
- DWC-Division of Workers Compensation Policies and
- Guidelines European Guidelines for Management of Chronic
- Low Back Pain Interqual Criteria
- Medical Judgment, Clinical Experience, and expertise in accordance with accepted medical
- standards Mercy Center Consensus Conference Guidelines
- Milliman Care Guidelines
- ODG-Official Disability Guidelines and Treatment
- Guidelines Pressley Reed, the Medical Disability Advisor
- Texas Guidelines for Chiropractic Quality Assurance and Practice
- Parameters Texas TACADA Guidelines
- TMF Screening Criteria Manual
- Peer Reviewed Nationally Accepted Médical **Literature** (Provide a description)
- Other evidence based, scientifically valid, outcome focused guidelines (Provide a description)