

Case Number:	CM13-0035020		
Date Assigned:	12/11/2013	Date of Injury:	09/21/1999
Decision Date:	02/10/2014	UR Denial Date:	10/11/2013
Priority:	Standard	Application Received:	10/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Internal Medicine and is licensed to practice in Washington DC. 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 physician 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:

The patient was a 54 year old female injured on 9/21/1999. Mechanism of injury was not known. She was being followed by the treating provider for her chronic pain due to low back, neck and radiculopathy in her right leg. She also had a history of bilateral shoulder pain, neck pain to shoulder/hands and chronic knee pain. Her past surgical history included bilateral knee surgeries, bilateral knee arthroplasties and bilateral shoulder surgeries. She was being treated with Norco, Nucynta ER, Galise and Cymbalta. Her diagnostic studies included an MRI of L-spine on 2/6/2012 that showed moderate to severe left neural foraminal stenosis, minimal central canal stenosis was seen at L5-S1 secondary to a 7.00mm left paracentral broadbased disc herniation. Minimal to mild central canal stenosis and minimal to mild bilateral neural foraminal stenosis was seen at L4-5 secondary to a 4.00mm broad based disc protrusion. Levoconvex rotatory scoliosis was also noted. MRI of C-spine on 3/25/13 showed minimal central canal stenosis at C5-6 secondary to 4.00mm broad based disc protrusion. In addition it showed multilevel degenerative disc disease with reversal of the normal cervical lordosis. C4-5 2mm broad based posterior disc protrusion. C5-6 2mm retrolisthesis with 3mm central disc protrusion and bilateral C6-7: 2 to 3mm broad based posterior disc protrusion. During her visit with the treating provider on 09/13/13, the claimant complained of more pain on the right cervical spine, had headaches and limited active range of motion due to pain. She reported no improvement with the trial of Nucynta ER 200mg. He reported 7/10 intensity pain. She also complained of sleeplessness. The gait was ataxic. There was facet tenderness along the right cervical spine and limited active range of motion was noted with crepitus. There was severe occiput tenderness. Her diagnoses included severe low back pain with radiculopathy, cervical spondylosis, lumbosacral spondylosis, neck pain, myofascial pai

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 78.

Decision rationale: The claimant had chronic pain due to lumbar and cervical disc disease as well as knee pain. MTUS guidelines for chronic pain recommends ongoing monitoring of opioids with assessment of pain intensity, pain relief and functional improvement. In addition the guidelines also recommend discontinuation of opioids if there is no functional improvement unless there are extenuating circumstances. In this case, there is no documentation of pain relief with Nucynta ER and hence the medical necessity has not been met for ongoing opioid therapy according to MTUS guidelines.