

Case Number:	CM13-0063868		
Date Assigned:	12/30/2013	Date of Injury:	07/21/2005
Decision Date:	04/21/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	12/10/2013

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 Occupational Medicine and is licensed to practice in California. 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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain, chronic pain syndrome, and chronic hip pain reportedly associated with an industrial injury of July 21, 2005. Thus far, the applicant has been treated with following: Analgesic medications, attorney representation; prior cervical fusion surgery; muscle relaxants; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of November 19, 2013, the claims administrator reportedly denied the request for Nucynta, baclofen, and Percocet. The applicant's attorney subsequently appealed. A December 10, 2013 progress note is notable for comments that the applicant reports persistent low back pain radiating to hips and persistent neck pain radiating to the shoulders. The applicant's pain level is 9/10 with medications and 10/10 without medications. The applicant is feeling more depressed, reports worsening low back pain, and reports persistent headaches. The applicant is limited in terms of activities of daily living in numerous areas, including self-care, personal hygiene, ambulation, hand function, sleep, etc. Multifocal tenderness is noted. The applicant's case and care have been complicated by lupus and depression. Operating diagnoses Final Determination Letter for IMR Case Number CM13-0063868 3 include neck pain status post cervical fusion and bilateral hip pain. Trigger point injection therapy is performed in the clinic. The applicant is asked to try and cease smoking. Wellbutrin, baclofen, morphine, Nucynta, Robaxin, and Percocet are seemingly endorsed. The applicant is described as "permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA EXTENDED RELEASE 250 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant has not met any of these criteria. The applicant's reduction in pain scores from 10/10 to 9/10 with medications appears to be minimal to marginal and is outweighed by her reported difficulty in terms of numerous non-work activities of daily living, including basic activities such as sleep, self-care, personal hygiene, and ambulation. The applicant is off of work and has apparently been deemed permanently disabled. It does not appear, on balance, that any of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Therefore, the request is not certified, on Independent Medical Review.

BACLOFEN 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63-66.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Baclofen topic Page(s): 64.

Decision rationale: As noted on page 64 of the MTUS Chronic Pain Medical Treatment Guidelines, baclofen is recommended orally for the treatment of spasticity and muscle spasm related to multiple sclerosis and spinal cord injuries. In this case, the applicant does not appear to carry either diagnosis of multiple sclerosis or spinal cord injury for which ongoing usage of baclofen would be indicated. It is further noted that the applicant has failed to effect any lasting benefit or functional improvement through prior usage of the same. The applicant is off of work and has been deemed permanently disabled. The applicant is highly reliant on various medications and injections. All of the above, taken together, imply lack of functional improvement as defined in MTUS 9792.20f despite ongoing usage of baclofen. Therefore, the request is not certified, on Independent Medical Review.

PERCOCET 10/325: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic and the MTUS Chronic Pain Medical Treatment Guidelines Ongoing Man.

Decision rationale: As with the request for Nucynta, the applicant does not, clearly, meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. The applicant is off of work and has been deemed permanently disabled. The applicant reports heightened pain complaints and heightened difficulty in terms of performance of non-work activities of daily living. All of the above, taken together, suggest that the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have not been met. Furthermore, the applicant is described as using several different long and short-acting opioids, including morphine, Nucynta, and Percocet, which runs counter to the principle articulated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids to improve pain and function. For all of the stated reasons, then, the request is not certified, on Independent Medical Review.