

Case Number:	CM14-0003672		
Date Assigned:	01/31/2014	Date of Injury:	07/12/2006
Decision Date:	06/20/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	01/09/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, 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 underlying date of injury in this case is 12/11/13. The patient's treating diagnoses include cervical facet syndrome, cervical spondylosis, carpal tunnel syndrome, ulnar neuropathy, right shoulder pain, and muscle spasm. On 11/27/13, the treating physician saw the patient in follow-up regarding neck pain, right shoulder pain, right elbow pain, and right wrist pain as well as tingling in the right shoulder and right hand. The patient reported her activity level had decreased and that she was taking her medications as prescribed. The patient reported that her medications were less effective. She reported that she was frequently tearful and that she awoke frequently with night tremors. Medications included Cymbalta, Gabapentin, Ultracet, Dilaudid, ibuprofen, Lidoderm, and Levothyroxine. The treating physician felt that the patient had a mildly progressive cervical sprain as well as cervical spondylosis, cervical radiculopathy, and myofascial pain syndrome. The treatment plan included ongoing use of multiple medications, including anti-inflammatory medications, muscle relaxants, and narcotic analgesics. Prescriptions included Cymbalta, Nucynta, Gabapentin, and Dilaudid.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 NUCYNTA 50MG (PRESCRIBED 11/27/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines describe the four A's of opioid management to guide in monitoring indications and benefits from long-term opioid treatment. The medical records in this case do not meet these criteria for the four A's of opioid management. The records do not clearly indicate functional benefit from opioid use; rather, the medical records suggest functional decline. Moreover, it is not clear that this patient has a fundamental treating diagnosis for which the treatment guidelines recommend long-term opioid use. The medical records and guidelines do not thus support this request, and it is not medically necessary.

15 DILAUDID 2MG (PRESCRIBED 11/27/13): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, ,

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

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines describe the four A's of opioid management to guide in monitoring indications and benefits from long-term opioid treatment. The medical records in this case do not meet these criteria for the four A's of opioid management. The records do not clearly indicate functional benefit from opioid use; rather, the medical records suggest functional decline. Moreover, it is not clear that this patient has a fundamental treating diagnosis for which the treatment guidelines recommend long-term opioid use. The medical records and guidelines do not thus support this request, and it is not medically necessary.