

Case Number:	CM14-0005455		
Date Assigned:	02/05/2014	Date of Injury:	09/01/2008
Decision Date:	06/20/2014	UR Denial Date:	12/28/2013
Priority:	Standard	Application Received:	01/13/2014

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, has a subspecialty in Pain Management, 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:

Patient is a 53-years-old with date of injury September 1, 2008. Per progress report by [REDACTED] dated December 20, 2013, the latest report provided, Patient complains of back pain, headache, limb pain, numbness and tingling of affected limb(s), weakness. Back pain is exacerbated by any activity and patient feels "back and hip does not hold her, giving up on her." Patient reports no side effects and that the medication is working well. Patient's pain level was 5-6/10 occasionally worse with activity. Chiropractic care two months prior helped. Right ankle is "still swelling and is very painful." Cold weather aggravates the pain. Current medication patient is taking include following: Nucynta 100 Mg Tablet SIG: Take 1 three times a day as needed. Nucynta Er 100 Mg Tablet SIG: Take 1-2 up to every 12 hours. Nucynta Er 50 Mg Tablet SIG: Take 1-2 per day. Topamax 100 Mg Tablet (Other MD) SIG: Take I twice daily. Patient had 1 ESI procedure with excellent initial result, but currently complains of sharp stabbing pain from low back radiating to left hip and lower extremity. Due to sedentary lifestyle, patient is gaining weight. December 20, 2013 report did not contain physical examination data. Progress note dated December 5, 2013 notes following physical examination findings. Antalgic gait. Lumbar range of motion is restricted with flexion to 50 degrees and extension to 15 degrees. Palpation noted tenderness on paravertebral muscles bilaterally and L5 spinous process. Patient cannot perform heel walk or toe walk. Straight leg raise was positive on the right. Mild swelling was noted on the right ankle. Plantar flexion was limited to 25 degrees, dorsiflexion to 15 degrees, eversion 5 degrees, and inversion 15 degrees. Tenderness was noted on the Achilles tendon and fibulo-calcaneal ligament. Weight bearing increases right ankle pain. Light touch sensation is decreased lateral foot and leg on the right side. The request for Nucynta ER, 50mg, 60sx24 CNT was denied by utilization reviewer on December 26, 2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER TABLETS, 50MG, 60S X24 CNT: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , LONG TERM OPIOID USE, 88-89

Decision rationale: This patient presents with chronic low back and right lower extremity complaint. Patient has had one ESI (epidural steroid injection) with temporary relief with another one pending per the progress report dated December 20, 2013. Patient was temporarily totally disabled per the same report. For chronic opiates use, the Chronic Pain Medical Treatment Guidelines require specific documentations regarding pain and function. The Chronic Pain Medical Treatment Guidelines require "Pain Assessment" that require "current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts." Furthermore, "The 4 A's for ongoing monitoring" are required that include analgesia, ADL's (activities of daily living), adverse side effects and aberrant drug-seeking behavior. In this patient, review of the reports from February 1 to December 20, 2013 documents the patient's pain level as 5-6/10 with increasing severity with activities. However, none of these reports document patient's analgesia as related to the patient's opiates use. No specific activities of daily livings are documentd. No outcome measures or "Pain Assessments" as required by Chronic Pain Medical Treatment Guidelines are provided. Furthermore, no documentation for "point of care testing" urin toxicology. The request for Nucynta ER tablets, 50mg, 60s, 24 count, is not medically necessary or appropriate.