

Case Number:	CM14-0116095		
Date Assigned:	08/04/2014	Date of Injury:	06/13/2011
Decision Date:	09/22/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/24/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 injured worker is a 44-year-old male who reported an injury on 06/13/2011 after getting his finger caught in a cable bound. The injured worker failed conservative and operative treatment and ultimately underwent a left index finger amputation at the proximal phalanx. This resulted in the development of complex regional pain syndrome of the left upper extremity. The injured worker was treated with medications, physical therapy, and stellate ganglion blocks. The injured worker was evaluated on 06/12/2014. Medications included Fluticasone, Methadone, Nucynta ER, Omeprazole, and Rhizatriptan. Physical findings included ongoing left hand pain consistent with complex regional pain syndrome and carpal tunnel syndrome. It was noted that the injured worker's treatment plan included carpal tunnel release on 06/30/2014. The injured worker's diagnoses included reflex sympathetic dystrophy of the upper limb and pain in joint, hand. The injured worker's treatment plan included continuation of medications, a repeat left stellate ganglion block, and work hardening program. It was noted that the injured worker's urine drug screen dated 10/31/2013 was consistent with the injured worker's prescribed medication schedule. No Request for Authorization form was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150 mg #60 dispensed on 06/12/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: California Medical Treatment Utilization Schedule recommends ongoing use of opiates in the management of chronic pain is supported by documented functional benefit, a quantitative assessment of pain relief, managed side effects, and evidence that the injured worker is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker is monitored for aberrant behavior. However, a quantitative assessment of pain relief and significant functional benefit resulting from the use of this medication was not provided. Therefore, continued use would not be supported. Additionally, the request as it is submitted does not provide a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Nucynta ER 150 mg #60 dispensed on 06/12/2014 is not medically necessary or appropriate.

Nucynta IR 50mg #90 dispensed on 6/12/2014: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Initiating Therapy Page(s): 77.

Decision rationale: This medication is not listed as one of the injured worker's prescribed medications on 06/12/2014. California Medical Treatment Utilization Schedule recommends initiation of opioids is supported by documentation of a failure to respond to other medications requiring additional opioid therapy. The clinical documentation submitted for review does not provide any justification for the addition of this medication. There is no documentation of a Request for Authorization to support the request. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Nucynta IR 50 mg #90 dispensed on 06/12/2014 is not medically necessary or appropriate.