

Case Number:	CM14-0164116		
Date Assigned:	10/08/2014	Date of Injury:	10/17/2012
Decision Date:	11/10/2014	UR Denial Date:	09/09/2014
Priority:	Standard	Application Received:	10/06/2014

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 Neurology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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 Progress Report of 08/19/14 indicated ongoing treatment of pain in the left ankle and foot. There had been three sympathetic blocks performed with pain reduced after the block. Medications are reported to reduce the pain to 3/10 with pain being rated at 9/10 without medication. Functionally the insured was reported to be able to walk and stand longer on the leg with the help of a walking cane and with medications. There were no adverse side effects and no aberrant behaviors reported. Physical exam was described as no significant changes and was recommended for continued medical management. The note indicated ongoing treatment with Nucynta. The insured reported pain 3/10 with medication, 9/10 without and was having no adverse side effects. Reportedly, urine drug screens were consistent with treatment and there is no aberrant behavior in regards to opioid management. 07/22/14 note indicated medication was helping the insured with pain rated 3/10 with and 9/10 without medication. The insured was reported to be able to walk and stand longer on the leg with help of a walking cane and activities. Her urine drug screens were consistent with her therapy with no reported aberrant behavior related to opioids. Physical examination indicated she continues to walk with a cane favoring the left foot and ankle and continues to have hypersensitivity of the area as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids
Page(s): 74-79.

Decision rationale: The medical records indicate pain that is improved with opioid (Nucynta) and that the insured has functional gain in activity as result. The insured is under opioid mitigation plan with no aberrant behavior noted. ODG guidelines support the use of opioids for pain conditions when the insured has good pain control from the therapy with functional gain and opioid mitigation is in place. As such the records support the use of Nucynta for the insured.