

Case Number:	CM14-0171596		
Date Assigned:	10/23/2014	Date of Injury:	12/10/2010
Decision Date:	12/10/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	10/17/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 58 year old male with date of injury 12/10/2010. The mechanism of injury is stated as a fall. The patient has complained of left shoulder pain, left knee pain, neck pain, bilateral wrist pain and lower back pain since the date of injury. He has been treated with left ankle surgery (12/2010, ORIF), right rotator cuff surgery (07/2011), physical therapy and medications since the date of injury. MRI of the lumbar spine dated 02/2010 revealed multilevel disc disease and hypertrophic facet joint changes at L4-S1 bilaterally. CT of the cervical spine performed in 04/2012 revealed degenerative joint disease and mild disc space narrowing at C5-6. Objective: positive trigger points of the bilateral trapezius and suboccipital musculature, tenderness of bilateral cervical and lumbar spine paraspinal musculature, decreased and painful range of motion of the cervical and lumbar spine, pain with range of motion of the bilateral wrists, positive Finkelstein's test, Phalen's test and Tinel's sign bilaterally. Diagnoses: cervical spine myofasciitis, carpal tunnel syndrome bilaterally, lumbar radiculitis, chronic low back pain. Treatment plan and request: Nucynta, Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription for nucynta 100mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 58 year old male has complained of left shoulder pain, left knee pain, neck pain, bilateral wrist pain and lower back pain since date of injury 12/10/2010. He has been treated with left ankle surgery (12/2010, ORIF), right rotator cuff surgery (07/2011), physical therapy and medications to include opioids since at least 05/2011. The current request is for Nucynta. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta is not indicated as medically necessary.

1 Prescription request for Oxycontin 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.