

Case Number:	CM14-0032938		
Date Assigned:	06/20/2014	Date of Injury:	02/01/2008
Decision Date:	07/18/2014	UR Denial Date:	03/04/2014
Priority:	Standard	Application Received:	03/14/2014

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 Neuromuscular Medicine and is licensed to practice in New Jersey. 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 61-year-old man who sustained a work-related injury on February 1, 2008. He subsequently developed left knee pain. The patient is status post total left knee Arthroplasty on February 24, 2010 and left knee revision surgery on January 27, 2011. The patient physical examination showed a well healed scar at the left knee; trophic skin changes and hypoesthesia of the left knee; tenderness upon palpation of the left knee lateral line; restricted bilateral knee; lumbar and left ankle range of motion; left calf spasms; extension deformity of left knee; 1+ right knee edema; positive left knee clicking and locking; unable to flax left knee; tenderness upon palpation of bilateral knees, right knee joint lines and left ankle; positive provocative maneuver to both knees, lumbar and left ankle; symmetrical deep tendon reflexes to bilateral lower extremities; 5/5 motor strength in bilateral lower extremities; and intact sensation to light touch to right lower extremity and decreased to left knee. The patient was diagnosed with left knee internal derangement; status post total knee replacement; right knee internal derangement; knee sprain/strain; left ankle sprain/strain; lumbar sprain/strain; and depression. The patient current medications include: Pristiq, Lldoderm 5% patch, Voltaren gel, antiepileptic, Ablify, Nucynta Er, Temazepam, and Norco. The provider requested authorization for Nucynta ER 100mg PO BID # 60. Nucynta was prescribed at least since January 2014 without objective evidence of pain or functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg PO BID # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework. There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. There is no clear objective documentation of functional improvement or significant reduction of pain severity. The is already taking Norco, he was diagnosed with depression a risk factor of opioid misuse and was prescribed Temazepam, a risk factor for opioid overdose death. Therefore the prescription of Nucynta ER 100mg #60 is not medically necessary.