MAXIMUS Federal Services

Case Number:	CM14-0037558		
Date Assigned:	06/25/2014	Date of Injury:	08/23/2000
Decision Date:	11/13/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	03/28/2014

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 Occupational Medicine 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:

The applicant is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 23, 2000. The applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated March 17, 2014, the claims administrator failed to approve a request for Nucynta. The applicant's attorney subsequently appealed. In a progress note dated April 29, 2014, the applicant reported persistent complaints of low back and hip pain. The applicant was using one Norco a day for migraine headaches. The applicant was asked to continue with Neurontin and Nucynta. It was stated that the applicant was using Nucynta thrice daily. Baclofen and Edluar were also endorsed. Permanent work restrictions were renewed. The applicant did not appear to be working with said permanent limitations in place. In an earlier RFA form dated January 22, 2014, Nucynta, Neurontin, and Edluar were all renewed. On December 13, 2013, the applicant was again given refills of Nucynta, Neurontin, Edluar, and tizanidine. The applicant was severely obese and was using a wheelchair to move about, it was acknowledged

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG); http://nucynta.com/nucynta/

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is seemingly off of work. The applicant is having difficulty performing activities of daily living as basic as ambulating. Ongoing usage of Nucynta has failed to produce any material improvements in function. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing Nucynta usage. Therefore, the request is not medically necessary.