

Case Number:	CM14-0038072		
Date Assigned:	06/25/2014	Date of Injury:	08/09/2001
Decision Date:	08/13/2014	UR Denial Date:	03/07/2014
Priority:	Standard	Application Received:	04/01/2014

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 Family Practice 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:

This is a 58 year old female claimant sustained a work related injury on 8/9/01 involving the neck and shoulders. She was diagnosed with facet arthropathy of the C2-C4 region and a slap lesion of the shoulder. She underwent a cervical discectomy and fusion and had chronic pain and occipital neuralgia. Her pain had been managed with Aleve, Opana and Nucynta. A progress note dated 4/9/14 indicated she had physical findings at the indicated paravertebral spinal tenderness in the neck. She had level 7/10 pain with medication and 10/10 pain without medication. There was no medication abuse history provided. Trigger point injections were performed and she was continued on Nucynta and Opana. She had been on these medications for over 6 months with similar prior pain scales and functioning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Opioids and pg 82-92 Page(s): 82-92.

Decision rationale: Nucynta is a long acting opioid. According to the MTUS guidelines, recommended dosing of opioids should not exceed 120 mg morphine equivalent. In addition, these are not recommended for compressive mechanical etiologies. The claimant has been on Nucynta 100 mg four times a day for several months. This, along with the use of Oxymorphone, well exceeds the guidelines recommendations. Furthermore, there was no substantial improvement in pain or function over time. The continued use of Nucynta is not medically necessary.

Oxymorphone 30MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines x Opioids and pg 82-86 Page(s): 82-86.

Decision rationale: According to the MTUS guidelines, recommended dosing of opioids should not exceed 120 mg morphine equivalent. In addition, these are not recommended for compressive mechanical etiologies. The claimant has been on Oxymorphone 30 mg two times a day for several months. This, along with the use of Nucynta, well exceeds the guidelines recommendations. Furthermore, there was no substantial improvement in pain or function over time. The continued use of Oxymorphone is not medically necessary.