

Case Number:	CM14-0042459		
Date Assigned:	06/30/2014	Date of Injury:	08/09/1999
Decision Date:	08/19/2014	UR Denial Date:	03/19/2014
Priority:	Standard	Application Received:	04/09/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in California and Washington. 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 injured worker is a 55-year-old male who reported an injury on 08/09/1999. The mechanism of injury was lifting heavy items. His diagnoses include chronic low back pain with radiating symptoms into the left greater than right lower extremity; multiple level degenerative disc disease; myofascial pain/spasm; chronic neck pain with cervical spondylosis; diabetes mellitus; reactive depression/anxiety due to chronic pain; hypertension; and left knee pain. His past treatments were noted to include an epidural steroid injection, multiple medications, and psychotherapy. On 03/18/2014, the injured worker presented with complaints of increased hip pain, left greater than right; tingling in his left leg; low back pain; and neck pain. His physical examination revealed an antalgic gait and no new neurological deficits. His medications were noted to include Nucynta ER, OxyContin, and Percocet. However, it was noted that he had not tried Nucynta ER at that time, as he had just received it. His treatment plan included medication refills with a continued plan for weaning opioid medications and nerve conduction studies of the lower extremities. The request for Nucynta ER was noted to be for the treatment of baseline pain as needed. A Request for Authorization form for Nucynta ER was not provided in the medical records.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER to permit weaning of total opioid dose to 120mg or below: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78, 86. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers Comp (ODG-TWC), 11th Edition, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use, On-Going Management) Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, the criteria for ongoing use of opioid medications include a detailed pain assessment, documentation regarding functional status, adverse side effects, and aberrant drug-taking behaviors. The clinical information submitted for review failed to provide a detailed pain assessment showing positive efficacy in terms of quantifiable pain relief and functional improvement with the use of Nucynta. Additionally, the documentation specifically stated that the patient had not begun this medication, as he had just received it. Therefore, further documentation would be needed regarding the efficacy of this medication prior to receiving a refill. In addition, the documentation failed to address aberrant drug-taking behaviors and whether the patient has had a recent urine drug screen with consistent results showing compliance with her medication regimen. Based on the above information, the ongoing use of Nucynta is not supported at this time. In addition, the dose, frequency, and quantity of the request were not provided. As such, the request is not medically necessary.