MAXIMUS Federal Services

Case Number:	CM14-0047647		
Date Assigned:	06/25/2014	Date of Injury:	02/11/1991
Decision Date:	07/31/2014	UR Denial Date:	03/15/2014
Priority:	Standard	Application Received:	03/31/2014

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 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 injured worker is a 54-year-old male who reported an injury to the left side and left low back on 02/11/1991 secondary to being hit by a crane. The injured worker complained of cramping and burning pain in the lower back that radiated anteriorly bilaterally into the abdomen, leg pain with numbness on the right from the mid-calf and on the left to the great and 2nd toes, as well as throbbing in the left ankle and shoulder. He rated his pain at a 5/10 to 7/10 with his medications, at a 10/10 without medications and at a 6/10 for his ability to function with medications and a 10/10 for his ability to function without medications. He rates his average pain a 10 at its worst. The physical examination on 05/27/2014 showed that the injured worker was able to abduct the left shoulder to 75 degrees. His internal and external rotation was limited due to pain. He had muscle strength at a 3/5 with abduction of the left shoulder and 5/5 at the extensors and flexors of the elbows and wrists bilaterally. His gait was short, hobbled and antalgic. Spasms were present in the right lower lumbar paravertebral muscles. He had limited range of motion of the spine with pain. His external rotation of the right hip was limited; otherwise, the right and left lower extremities showed full range of motion of the hips, knees and ankles bilaterally. The injured worker had 3 diagnostic urine drug screens dated 11/30/2010, 04/09/2012 and 09/09/2013 that revealed the presence of Gabapentin, Oxycodone and Oxymorphone, which were all suggestive of compliance with the current medication regimen. The injured worker had diagnoses of lumbar post laminectomy syndrome; lumbago; ankle, foot and, shoulder region joint pain; shoulder joint derangement; and ankylosis. His past treatments included an ultrasound-guided left subacromial bursa injection on 10/24/2013, from which he stated that he only obtained 4 hours of relief, oral medications and physical therapy. The injured worker's medications were Oxycodone SR 30 mg, Gabapentin 600 mg, Cyclobenzaprine 10 mg and Meloxicam. The treatment plan is for prospective request for 1 prescription for trial of Nucynta

IR (immediate release) 100 mg #30 between 02/27/2014 and 05/11/2014. The Request for Authorization was signed and dated 04//28/2014. There is no rationale for the request for the prospective request for 1 prescription for a trial of Nucynta IR (immediate release) 100 mg #30 between 02/27/2014 and 05/11/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective Request: One (1) prescription for trial of Nucynta IR (Immediate Release) 100 mg. # 30 between 2/27/2014 and 5/11/2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chronic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use Page(s): 76-77.

Decision rationale: The injured worker complained of cramping and burning pain in the lower back with radiation anteriorly bilaterally into the abdomen, leg with numbness to the feet on the right from the mid-calf and on the left in the great and 2nd toes as well as throbbing in the left ankle and shoulder. He rated his pain at a 5/10 to 7/10 with medications, a 10/10 without medications and an average of 10/10 without medications. He had past treatments of multiple epidural steroid injections and oral medications for pain, to include an anticonvulsant and muscle relaxant. The California MTUS opioids criteria for use for therapeutic trial of opioids suggest that the following be considered prior to the trail of opioids. The criteria includes asking about red flags indicating that opioids may not be helpful in the chronic phase, if there was little or no relief with opioid therapy in the acute and subacute phases, if the injured worker has had a psychological evaluation and has been given a diagnosis of somatoform disorder, and if the patient has been given a diagnosis in one of the particular diagnostic categories that have not been shown to have good success with opioid therapy. These diagnostic categories include conversion disorder; somatization disorder; pain disorder associated with psychological factors (such as anxiety or depression). Attempt to determine if the pain is nociceptive or neuropathic. Also attempt to determine if there are underlying contributing psychological issues. Neuropathic pain may require higher doses of opioids, and opioids are not generally recommended as a first-line therapy for some neuropathic pain. Lastly a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The injured worker, according to the submitted documentation, is taking Oxycodone, which is an opioid; and there is no documentation of failed trials of non-opioid analgesics. As such, the request for the decision for the prospective request of 1 prescription for a trial of Nucynta IR (immediate release) 100 mg #30 between 02/27/2014 and 05/11/2014 is not medically necessary.