

Case Number:	CM14-0062992		
Date Assigned:	07/11/2014	Date of Injury:	04/04/2003
Decision Date:	10/23/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	05/05/2014

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 Medicine and is licensed to practice in Arizona. 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 57 year old male with a date of injury on 4/4/2003. Diagnoses include thoracic facet arthropathy, lumbar radiculitis, peripheral vascular disease, and status post lumbar fusion. Subjective complaints are of neck pain that radiates to the arms, and low back pain that radiates to the legs. Pain is 4/10 with meds and 10/10 without meds. Physical exam shows an antalgic gait and paravertebral tenderness in the thoracic and L3-S1 area. Records document that the patient has failed attempts to wean opioids, and that opioids are providing pain relief and functional improvement. Medications include Hydromorphone, Ibuprofen, and Nucynta. Records indicate that detox is on hold due to pending vascular surgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100MG #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid

therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, documentation shows stability on medication, increased functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines including urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.