

Case Number:	CM14-0064042		
Date Assigned:	07/11/2014	Date of Injury:	02/24/1997
Decision Date:	09/08/2014	UR Denial Date:	04/02/2014
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 Geriatrics, and is licensed to practice in New York. 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 68 year old woman with a date of injury of 2/24/97. She was seen by her pain management physician on 3/3/14 with complaints of 8/10 low back and leg pain status post-surgery with numbness in her left leg and hands. Her medications included Fentanyl, Gabapentin, Lunesta, Nucynta ER, Oxycodone and Senokot-S. The prescription of Oxycodone and Nucynta were not authorized in prior request and are still at issue in this review. Length of prior therapy is not documented in the note. Her physical exam showed she was in no acute distress. She had baseline severe pain in her right hip, low back and left leg with decreased active range of motion of the lumbar spine and a positive straight leg raise on the right. She had an antalgic gait and used a cane for ambulation. There were no neurological deficits noted. Her assessment included Chronic Severe Back and Left Leg Pain status post multiple level fusion / hardware removal, Hypertension, Lumbago, Poor Sleep Hygiene and General Deconditioning due to Chronic Pain. Oxycodone and Nucynta are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 74-80 Page(s): 74-80.

Decision rationale: In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain and increased level of function or improved quality of life. The MD visit of 3/14 fails to document any significant improvement in pain or functional status to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited and she is already taking another opioid; Fentanyl. Therefore, the request is not medically necessary.

Nucynta ER 200mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Nucynta Uptodate: overview of the treatment of chronic pain and nucynta drug information.

Decision rationale: Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain and lead to addiction. Central analgesics drugs are reported to be effective in managing neuropathic pain. The MD visit of 1/14 fails to document why Nucynta is medically necessary in addition to Gabapentin and Fentanyl for chronic pain. The request is not medically necessary.