

Case Number:	CM14-0065151		
Date Assigned:	07/11/2014	Date of Injury:	12/31/1998
Decision Date:	09/23/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/08/2014

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 and Rehabilitation, has a subspecialty in Interventional Spine 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 patient is a 44 years old male with an injury date on 12/03/1998. Based on the 03/17/2014 progress report provided by [REDACTED], the diagnoses includes chronic pain syndrome, postlaminectomy syndrome of the lumbar region, sacroilitis, adjustment disorder with mixed anxiety and depressed mood, persistent disorder of initiating or maintaining sleep, bipolar disorder, diabetes mellitus without mention of complication, type II, and aftercare for healing pathologic fracture of lower arm. According to this report, the patient complains of lower back pain and bilateral lower extremities pain. The patient is "feeling better this month-more good day than bad days." Pain is rated at a 7/10 at worse; 1-2/10 at least; and average pain is 2-3/10. Physical exam reveals tenderness over the lower lumbar facet bilaterally. Facet loading is positive bilaterally, right worse than left. The patient's gait is antalgic, favoring the right lower extremity. The urine drug screen's "findings were consistent with medications." There were no other significant findings noted on this report. The utilization review denied the request on 04/29/2014. [REDACTED] is the requesting provider, and she provided treatment reports from 11/07/2013 to 03/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER TAB 150 MG QTY 60 DAY SUPPLY 30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Criteria for Use of Opioids Page(s): 60, 61, 88, 89, 80, 81.

Decision rationale: According to the 03/17/2014 report by [REDACTED] this patient presents with lower back pain and bilateral lower extremities pain. The physician is requesting Nucynta ER tab 150mg #60 for 30 days. Nucynta was first mentioned in the 11/07/13 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of reports show numerical scale to assessing the patient's pain at worse, pain at least, and average pain. Opiate monitoring such as urine toxicology were provided. However, there are no discussions regarding functional improvement specific to the opiate use. None of the reports discuss significant change in ADLs, change in work status, or return to work attributed to use of Nucynta. MTUS require not only analgesia but documentation of ADL's and functional changes. Given the lack of sufficient documentation demonstrating efficacy from chronic opiate use, the patient should now slowly be weaned as outlined in MTUS Guidelines. Therefore the request is not medically necessary.