

Case Number:	CM14-0078281		
Date Assigned:	07/18/2014	Date of Injury:	06/02/2008
Decision Date:	10/14/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/28/2014

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 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 47 year old female injured on 06/02/08 due to an undisclosed mechanism of injury. Diagnoses include neck pain status post multiple cervical surgeries. Clinical note dated 05/07/14 indicates the injured worker presented very anxious complaining of pain described as stabbing, burning, and aching to the neck, trapezial area, and intrascapular area. The injured worker reported pain worse on the left with associated headaches and pins and needles sensation in the arms bilaterally. The injured worker also complained of aching, burning, pins and needles sensation in the low back. The injured worker rated pain without medication as 8-9/10 and decreased to 3-4/10 with the use of medication. The documentation indicates the injured worker continues to see psychiatrist and utilize Viibryd for depression. Physical examination revealed anxious, decreased cervical range of motion in all planes, bilateral paraspinal tenderness, left greater than right, Spurling's sign positive on the left, negative Hoffman's, bilateral trapezial tenderness, no spasm noted, upper extremity deep tendon reflexes 1+ and symmetric, no clonus or increased tone, upper extremity strength 5/5 bilaterally. The injured worker reported medications improved function and assist with performance of activities of daily living; however, she continues to struggle with severe anxiety and depression. Medications include Nucynta ER 150 mg 1 tablet every 12 hours, Nucynta IR 75 mg tid, soma 350 mg bid and Viibryd. The initial request for Soma 350 mg #60, Nucynta ER, and Nucynta IR was non-certified on 05/22/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Soma 350mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol Page(s): 65.

Decision rationale: As noted on page 65 of the Chronic Pain Medical Treatment Guidelines, Soma is not recommended for long-term use. This medication is FDA-approved for symptomatic relief of discomfort associated with acute pain in musculoskeletal conditions as an adjunct to rest and physical therapy. The documentation indicates that the injured worker is being prescribed the medication for chronic pain and long-term care exceeding the recommended treatment window. As such, the request for Soma 350mg, #60 cannot be recommended as medically necessary.

Nucynta ER 150mg, #60 DOS: 06/07/2014: 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 Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community activities, and exercise able to perform as a result of medication use. As such, Nucynta ER 150mg, #60 DOS: 06/07/2014 cannot be recommended as medically necessary at this time.

Nucynta IR 75mg, #90 DOS: 06/07/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. Specific examples of improved functionality should be provided to include individual activities of daily living, community

activities, and exercise able to perform as a result of medication use. As such, Nucynta IR 75mg, #90 DOS: 06/07/2014 cannot be recommended as medically necessary at this time.