

Case Number:	CM14-0089388		
Date Assigned:	09/10/2014	Date of Injury:	12/04/2000
Decision Date:	10/03/2014	UR Denial Date:	06/06/2014
Priority:	Standard	Application Received:	06/13/2014

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 Practice 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:

This case involves a 57 year old female injured worker who sustained a work injury on 12/4/2000 involving the neck, shoulders, chest hip and back. She was diagnosed with bilateral shoulder strain, thoracolumbar strain and bilateral forearm myositis. She subsequently developed fibromyalgia and complex regional pain syndrome CRPS. A progress note on 6/19/14 indicated she had continued pain. The injured worker's pain had been treated with Norco and Soma since at least January 2014 with persistent 9/10 pain. A progress note on 5/19/14 indicated the injured worker was previously on Savella and received no benefit. There were numerous trigger points in the mid back. The physician added a trial of Nucynta 75mg daily along with Norco 10 mg 6 times daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 10/325 mg, QTY: 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines it is not indicated at 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the injured worker had been on Norco for over 6 months without significant improvement in pain or function. In addition, the injured worker had been given 60 mg daily dose of Norco along with Nucynta 75 mg. The total dose of opioids would exceed the recommended a morphine maximum equivalent of 120 mg. Therefore, this request is not medically necessary.

Nucynta, 75 mg, QTY: 30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: Nucynta is a long acting opioid equivalent. According to the MTUS guidelines, the total dose of opioids should not exceed the recommended morphine maximum equivalent of 120 mg daily. The injured worker had been given 60 mg daily dose of Norco along with Nucynta 75 mg. In addition, the pain scale at the time of giving Nucynta is unknown. Physical examination was not detailed. The addition of long acting opioids to high dose short-acting opioids increases the risk of addiction. There was no opioid agreement in place to ensure compliance and reduce abuse. There was no screening of abuse with urine screening due to poor pain control. Based on the above, this request is not medically necessary.