

Case Number:	CM14-0104608		
Date Assigned:	07/30/2014	Date of Injury:	02/03/2003
Decision Date:	01/12/2015	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/07/2014

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 54 year old man with a date of injury of 2/3/03. He was seen by his primary treating physician on 6/23/14 with complaints of constant low back pain that was tolerable with his current medication which included Nucynta for breakthrough pain and Duragesic patch. He was noted to have a resolving fungal groin rash and was awaiting topical cream for hypertrophic skin on the dorsum of his feet. He noted that his wheelchair required repairs and was 'otherwise doing well'. His exam showed a very prominent L1 vertebral body and mild to moderate lower extremity swelling with tenderness to palpation across his low back region. His diagnosis was paraplegia, pain in thoracic spine and pain in joint - hand. His plan was to continue Duragesic patch and Nucynta, the latter of which is at issue in this review and length of prior therapy is not documented. Also at issue in this review is the request for "24 hour non-skilled care for ADL care". He had been receiving home nursing care as of 6/26/14. His vitals were stable and he had intermittent low back pain treated with a fentanyl patch. His sugars were in the 100s range and he could check his own sugars and draw up his insulin and self-inject. He had routine suprapubic care. He had a right clavicular mediport which was intact and last accessed on 5/28/14. He was able to transfer with a sliding board and he had a primary caregiver. He used a wheelchair when out of bed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #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 Page(s): 75. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate: overview of the treatment of chronic pain and nucynta drug information

Decision rationale: This injured worker has chronic pain with an injury sustained in 2003. Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MD visit of 6/14 fails to document a discussion of efficacy with regards to pain and function or side effects to justify use of this class of medications in addition to opioid (Duragesic patch). The request is not medically necessary.

Unknown 24 hour non-skilled care for activities of daily living: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chapter 7- Home health services, section 50.2 (home health aide services)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 51.

Decision rationale: This injured worker has chronic pain with paraplegia but was mobile in a wheelchair and able to transfer with a sliding board. The request is for 24 hour non-skilled care for activities of daily living. Home health services are recommended only for otherwise recommended medical treatment for patients who are home-bound, on a part-time or "intermittent" basis, generally up to no more than 35 hours per week. Medical treatment does not include homemaker services like shopping, cleaning, and laundry, and personal care given by home health aides like bathing, dressing, and using the bathroom when this is the only care needed. The request is for 24 hour per day which is beyond the recommended amount and for non-specific assistance with activities of daily living. Additionally, the records do not substantiate that the worker is home-bound. The records do not support the medical necessity Unknown 24 hour non-skilled care for activities of daily living. Therefore the request is not medically necessary.