

Case Number:	CM14-0189384		
Date Assigned:	11/20/2014	Date of Injury:	04/25/1996
Decision Date:	01/08/2015	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	11/13/2014

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 Occupational 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic knee pain and osteoarthritis of the leg reportedly associated with an industrial injury of April 25, 1996. In a Utilization Review Report dated October 21, 2014, the claims administrator partially approved request for Nucynta extended release and Nucynta immediate release, apparently for weaning purposes. The claims administrator stated that its decisions were based, in large part, on a previous Utilization Review Report dated October 21, 2014. The applicant's attorney subsequently appealed. In an October 23, 2014 progress note, the applicant reported ongoing complaints of knee pain with derivative psychological complaints. The requesting provider felt that the applicant was well managed on her current medications and had been well managed for the preceding six months. The requesting provider felt that the applicant would benefit remaining on Nucynta. The attending provider stated that he believe that the applicant would be bedbound without her medications. In an October 9, 2014 progress note, the applicant reported ongoing complaints of shoulder pain. The applicant stated that her depression was worsened. The applicant's mother had developed cancer. The applicant has a variety of financial constraints. The applicant expressed frustration that she is having difficulty getting her psychiatric issues covered through the Workers' Compensation system. The applicant then stated that she is doing 75% better with current medications. The applicant stated that she was better able to care for herself and interact with her grandchild with her pain medications. It was stated that the applicant was a high-risk opioid user, given her superimposed issues with morbid obesity and depression. The applicant's work status was not furnished. The attending provider stated that the applicant was able to perform gentle stretching as a result of her medication consumption. In September 11, 2014 progress note; the attending provider again noted that the applicant had multifocal pain complaints. The applicant stated that her pain was better controlled. The note was very similar to

the subsequent October 9, 2014 progress note. The applicant suggested that her pain complaints were attenuated with medication consumption. It was again noted that the applicant was asked to stretch for exercise. The attending provider stated that the applicant was no longer using OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status has not been clearly outlined on several progress notes, referenced above. The applicant no longer appears to be working. While the attending provider did report that the applicant was 50% to 75% better in terms of pain control with her current medication regimen, these reports of reduction in pain are seemingly identical from visit to visit and are, furthermore, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid usage, including ongoing Nucynta extended release usage. The attending provider's comments to the fact that the applicant would be bedbound without her medications does not, in and of itself, constitute evidence of substantive improvement as a result of the same. Therefore, the request is not medically necessary.

Nucynta IR 100mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status has not been clearly outlined on several progress notes, referenced above. While the attending provider did report reduction in pain by 75% with ongoing medication consumption, these reports in pain reduction are seemingly identical from visit to visit and are, furthermore, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved

as a result of ongoing opioid therapy. The attending provider's comments to the effect that the applicant would be bedbound without her medications does not, in and of itself, constitute evidence of substantive improvement with the same. Therefore, the request is not medically necessary.