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| Case Number: | CM14-0194734 | | |
| Date Assigned: | 12/02/2014 | Date of Injury: | 06/01/2013 |
| Decision Date: | 01/20/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/20/2014 |

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 and leg pain reportedly associated with an industrial injury of June 1, 2013. In a Utilization Review Report dated November 3, 2014, the claims administrator failed to approve a request for Nucynta. The claims administrator did note that the applicant had a history of total knee arthroplasty. It was not readily apparent whether the request was a renewal request versus a first-time request. In a Medical-legal Evaluation dated February 20, 2014, the applicant reported ongoing complaints of knee pain. The applicant had undergone left knee total knee arthroplasty on August 12, 2013. The applicant was still reporting ongoing complaints of pain, locking, and buckling about the knee. The applicant was apparently using a cane to move about and was limited in his ability to perform household chores. Hyposensorium was noted about the left leg. Work restrictions were endorsed. On October 29, 2014, the applicant reported persistent complaints of left knee pain. The applicant was having difficulty with kneeling and squatting activities. The applicant was using a cane to move about. The applicant stated that he was using Nucynta four times daily and that his pain scores dropped from 5-6/10 without medications to 2-3/10 with medications. The applicant was having difficulty negotiating stairs. The applicant's medication list included losartan, Lopressor, propafenone, Colace, and Nucynta. Permanent work restrictions were endorsed. On October 1, 2014, the applicant again stated that his pain complaints were interfering with his ability to kneel, squat, walk on a protracted basis, and/or negotiate stairs. The applicant was only able to walk about for fitness purposes twice weekly at a rate of 15 minutes at a time with the aid of his wife and/or with the aid of a cane. The attending provider stated that the applicant's pain complaints were attenuated as a result of ongoing medication consumption, including ongoing Nucynta consumption. The applicant had last worked in June 2013, it was stated. On August 4, 2014, the applicant reported ongoing

complaints of knee pain, 8-10/10 without medications versus 5-6/10 with medications. The attending provider stated that the applicant was using Nucynta, Norco, Tylenol, Colace, propafenone, Lopressor, and losartan status post earlier total knee arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: 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 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. In this case, however, the applicant had seemingly failed to return to work. The applicant was described on August 4, 2014 as having last worked on June 28, 2013. Ongoing usage of Nucynta, furthermore, failed to curtail the applicant's dependence on other agents, including Norco, Tylenol, etc. A rather proscriptive 10-pound lifting limitation remained in place, seemingly unchanged, from visit to visit. All of the foregoing, taken together, did not make a compelling case for continuation of Nucynta. Therefore, the request was not medically necessary.