MAXIMUS Federal Services

Case Number:	CM14-0202375		
Date Assigned:	12/12/2014	Date of Injury:	03/16/1995
Decision Date:	01/31/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	12/03/2014

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 Utah. 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 56 year old female sustained an industrial related injury on 03/16/1995 that occurred while performing regular duties. The results of the injury and the initial diagnoses were not provided. Per the follow-up reevaluation (10/13/2014), subjective complaints included constant neck pain that radiates to the upper extremities and into the fingers bilaterally with noted tingling in the fingers, severe muscle spasms in the neck area, low back pain that radiates to the lower extremities, upper extremity pain, and insomnia. The injured worker described the neck and upper extremity pain as burning, electricity, pins and needles and severe in severity with the left worse than the right. The pain was noted to be aggravated by activity and movement in the symptomatic areas. Objective findings noted on this follow-up exam included spasms in the paraspinous musculature, tenderness to palpation in the L4-S1 levels, tenderness on palpation of the left upper extremity with moderate swelling noted, decreased in range of motion in the left shoulder, left elbow, left wrist and left hand due to pain (no specific limits provided), a marked decreased in motor strength in the left upper extremities (no specific findings provided), all odynia in the left upper extremity, discoloration in the left upper extremity, and hyperhidrosis in the bilateral hands. The lower extremity evaluation revealed tenderness to palpation on the right with hypersensitivity in the right lower extremity, and all odynia in the right lower extremity. Current diagnoses include lumbar radiculitis, headaches unclassified, complex regional pain syndrome (CRPS) to the bilateral upper extremities, CRPS to the right lower extremity, chronic pain (other), and status post shoulder surgery. Treatment to date has included has included medications, injections, home exercise program, and shoulder surgery. Diagnostic testing has included x-rays of the lumbar spine (05/30/2014) revealing mild thoracolumbar levoscoliosis; Schmorl's node in the inferior plate endplate body of L1; degenerative changes with mild osteophyte formation at L3-L4; and bilateral L3-L4 and L5-S1 facet arthropathy. Chest x-rays

(07/04/2010) and x-rays of the left shoulder (07/04/2010) were negative for acute pathology or findings. The Nucynta was requested for the treatment of ongoing pain; however, it was noted (re-evaluation 10/13/2014) that the injured worker had developed an opioid tolerance due to long term opioid use. Treatments in place around the time the Nucynta was requested included recent injections and a home exercise program. The injured worker's pain was noted to be ongoing and chronic without change. There were no noted changes in functional deficits. Activities of daily living were noted to be limited by pain and included self-care, hygiene, activities, ambulation, hand function, sleep and sex which were unchanged during recent exams. Work remained unchanged and the injured worker was noted to not be working. Dependency on medical care appeared to be unchanged.On 11/04/2014, Utilization Review modified a prescription for Nucynta ER 100 mg #60 to Nucynta ER 100 mg #15 which was requested on 10/29/2014. The Nucynta ER 100 mg #60 was modified based on insufficient functional improvement since being on the medication since October 2012. The MTUS Chronic Pain and ODG guidelines were cited. This UR decision was appealed for an Independent Medical Review. The submitted application for Independent Medical Review (IMR) requested an appeal for the modification of Nucynta ER 100 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines- Pain (Chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. There is no clear functional gain that has been documented with this medication. In addition, according to the documentation provided, there has been no significant change in character of the pain. The patient has been on this medication since at least October of 2012. Previous tapers were recommended. According to the clinical documentation provided and current MTUS guidelines; Nucynta is not medically necessary.