

Case Number:	CM14-0087888		
Date Assigned:	07/23/2014	Date of Injury:	12/17/2003
Decision Date:	01/28/2015	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 Anesthesiology, has a subspecialty in Pain 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:

Injured worker is a 57 year old male with date of injury 12/17/2003. Per report dated 7/5/2014, the injured worker has been diagnosed Cervical Radiculopathy, Post Cervical Laminectomy Syndrome and Lumbar Radiculopathy. Per the evaluation on 7/3/2014, he presented with subjective complaint of chronic neck pain. On examination of the cervical spine, range of motion was restricted with range of motion, limited by pain. Tenderness and tight muscle band were noted over the paravertebral muscles. Spurling's maneuver caused pain in the muscles of the neck radiating to upper extremity. He was hyporeflexive with all deep tendon reflexes. Examination of the lumbar spine revealed restricted range of motion with pain. There was tenderness and tight muscle band noted over the paravertebral muscles. Tenderness was also noted over the sacroiliac spine. Sensation was decreased over the C5 distribution on the right side. Spurling's test was positive. Per progress report dated 5/08/2014, he reported a pain scale of 6/10 with medications and 9/10 without medications. The injured worker reported no new problems, no side effects, fair quality sleep, and activity level remained the same per that report. Date of the UR decision was 5/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic Pain Medical Treatment

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 61, 78.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines page 78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 As' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Specifically, the notes do appropriately review and document pain relief, functional status improvement, appropriate medication use, and lack of side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do appear to have been addressed by the treating physician in the documentation available for review. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no screening for risk, medical necessity cannot be affirmed.