

Case Number:	CM15-0002418		
Date Assigned:	01/13/2015	Date of Injury:	02/01/2005
Decision Date:	03/16/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/06/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 pain syndrome and chronic shoulder pain reportedly associated with an industrial injury of February 1, 2005. In a Utilization Review Report dated December 23, 2014, the claims administrator partially approved a request for Nucynta. An RFA form dated December 15, 2014 and an associated progress note dated November 7, 2014 were referenced, along with the now-outdated, now-renumbered MTUS 9792.20e, which the claims administrator mislabeled as originating from the current MTUS. The claims administrator contended that the applicant was not profiting with ongoing opioid therapy. The applicant's attorney subsequently appealed. In a December 5, 2014 progress note, the applicant reported highly variable 3-5/10 bilateral shoulder, bilateral hand, and right elbow pain. The applicant had received recent acupuncture as well as an elbow corticosteroid injection. The applicant stated that Nucynta was resulting in decrease in pain scores by four to five points. The attending provider stated that the applicant's range of motion was improved as a result of ongoing medication consumption. Acupuncture, physical therapy, manipulative therapy, and electrodiagnostic testing of the bilateral upper extremities were sought while cyclobenzaprine, naproxen, Protonix, and Nucynta were prescribed and/or dispensed. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The applicant was status post earlier right shoulder surgery, it was acknowledged. In an earlier note dated November 24, 2014, the applicant was described as having worsening knee pain, 7/10. The applicant was asked to continue unspecified medications and unspecified permanent work

restrictions. Once again, it was not clearly stated whether the applicant was or was not working, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #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 Opioid Medications topic. Page(s): 80.

Decision rationale: The request for Nucynta, an opioid agent, was not medically necessary, medically appropriate, or indicated here. 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, the applicant's work status was not clearly outlined on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. The applicant continued to report persistent complaints of pain, at times as high as 7/10, despite ongoing Nucynta usage. While the attending provider did state that ongoing medication consumption was beneficial, the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the same does not make a compelling case for continuation of Nucynta. The attending provider's commentary to the effect that the applicant's range of motion was improved as a result of ongoing Nucynta usage does not, in and of itself, constitute meaningful or material improvement effected as a result of the same and is, furthermore, outweighed by the attending provider's continuing to renew the applicant's permanent work restrictions from visit to visit. Therefore, the request was not medically necessary.