

Case Number:	CM15-0006599		
Date Assigned:	01/26/2015	Date of Injury:	04/17/1996
Decision Date:	03/20/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/12/2015

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: California, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 injured worker is a 53-year-old female who reported an injury on 04/17/1996. The mechanism of injury is not provided. Diagnoses were noted to include neuralgia, carpal tunnel syndrome, radiculopathy of the cervical spine, chronic pain syndrome, long term (current) use of other medications, insomnia and chronic migraine without aura. Past treatment was noted to include medications and bracing. A urine drug screen was performed on 11/18/2014 and was noted to reveal consistent results with the prescribed medication. On 12/08/2014, it was noted the injured worker had migraines. She indicated the medications helped decrease her pain by 40% to 50%, and increase her function. She reported that without the medication, her pain is 10/10, and with the medication she rates her pain 6/10. Upon physical examination, it was indicated the injured worker had limited range of motion to her bilateral wrists. Relevant medications were noted to include Nucynta, Ambien, Xanax and loratadine. Treatment plan was noted to include bracing and medications. A request was received for Nucynta 50mg #90 for breakthrough pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: According to the California MTUS Guidelines, ongoing use of opiates must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects and aberrant drug taking behaviors. The clinical documentation submitted for review indicated medication compliance by way of urine drug screen. However, it was also indicated that she received significant functional improvement and pain relief from the use of medications; however, it was not indicated specifically how this medication benefited her in terms of pain relief and functional improvement. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Nucynta 50mg #90 is not medically necessary.