

Case Number:	CM15-0102982		
Date Assigned:	06/05/2015	Date of Injury:	10/31/2014
Decision Date:	07/09/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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, New York, 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 51-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 31, 2014. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for Nucynta while apparently approving a topical Lidopro lotion. A RFA form received on April 23, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a May 27, 2015 progress note, it was stated that the applicant was off of work, on total temporary disability. Ongoing complaints of low back, mid back, neck, bilateral upper extremity and bilateral lower extremity pain were reported. The applicant was on Naprosyn, Prilosec, Lidoderm patches Ativan, and Desyrel, it was reported. The applicant was again placed off of work, on total temporary disability. The note was very difficult to follow and mingled historical issues with current issues. There was no seeming mention of the applicant's using Nucynta on this date. On May 11, 2015, the applicant was, once again, placed off of work, on total temporary disability, owing to ongoing complaints of low back pain. The applicant was having difficulty performing activities of daily living as basic as household chores, it was reported. 8/10 pain complaints were reported. The note was very difficult to follow, mingled historical issues with current issues, did not explicitly state what medication the applicant was taking, and seemingly suggested that the applicant was only using Motrin and Tylenol. There was no explicit mention of the applicant's using Nucynta on this date. On March 30, 2015, the applicant reported 7-8/10 pain complaints with radiation of pain and weakness about the left leg, it was reported. The applicant exhibited a visibly antalgic gait. The applicant was not working, it was acknowledged.

The applicant was avoiding socializing, exercising, and performing household chores and/or driving owing to his multifocal pain complaints. Omeprazole, Docuprene, Desyrel, and Norco were endorsed. The note did not, however, detail the applicant's complete medication list.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Functional Restoration Approach to Chronic Pain Management Page(s): 80; 7.

Decision rationale: No, 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, however, the applicant was off of work, on total temporary disability, it was suggested on multiple 2015 progress notes referenced above. The applicant continued to report pain complaints as high as 8/10 despite ongoing Nucynta usage. Activities of daily living as basic as standing and walking remained problematic, it was suggested above. The applicant was refraining from socializing with friends and family members, it was further noted. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should be knowledgeable regarding prescribing information and to adjust the dosing to the individual applicant. Here, however, multiple progress notes referenced above did not detail the applicant's complete medication list. Multiple progress notes, referenced above, did not explicitly allude to the applicant's usage of Nucynta. Therefore, the request was not medically necessary.