

Case Number:	CM15-0106630		
Date Assigned:	06/11/2015	Date of Injury:	03/09/2009
Decision Date:	07/16/2015	UR Denial Date:	05/02/2015
Priority:	Standard	Application Received:	06/02/2015

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 represented 50-year-old who has filed a claim for chronic shoulder, hand, and wrist pain reportedly associated with an industrial injury of March 9, 2009. In a Utilization Review report dated May 2, 2015, the claims administrator failed to approve requests for Nucynta and spinal cord stimulator trial while approving a precursor psychological evaluation. The claims administrator referenced a RFA form received on April 24, 2015, along with an associated progress note of April 22, 2015. The applicant's attorney subsequently appealed. In a May 22, 2015 RFA form, Embeda, Motrin, and Neurontin were endorsed. In an associated progress note of May 20, 2015, the applicant reported ongoing complaints of neck, arm, and back pain, highly variable, currently rated as 7/10, at times as low as 4/10 with medications, and often as high as 8/10 without medications. The applicant was on Neurontin, Motrin, Nucynta, it was reported. The attending provider stated that the applicant was deriving 50% analgesia from his medications. Multiple medications were continued and/or renewed. The applicant's 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 does not appear to be case. On April 22, 2015, the applicant again reported ongoing complaints of arm, neck, shoulder, hand, neck, and upper back pain, at times as high as 8/10 without medications, versus 3/10 with medications. The applicant stated that he was deriving 50 to 60% analgesia with medications consumption. A psychological evaluation, spinal cord stimulator trial, and multiple medications were renewed. The applicant's permanent work restrictions were likewise renewed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

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's work status was not clearly outlined, suggesting that the applicant was not, in fact, working. Permanent work restrictions were renewed, unchanged, from visit to visit. While the attending provider did outline some reported reduction in pain scores achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to document the applicant's work status and attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing medication consumption, including ongoing Nucynta usage. Therefore, the request was not medically necessary.

Spinal Cord Stimulator Trial: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Psychological evaluations, IDDS & SCS (intrathecal drug delivery systems & spinal cord stimulators); Indications for stimulator implantation Page(s): 101; 107.

Decision rationale: Similarly, the proposed spinal cord stimulator trial was likewise not medically necessary, medically appropriate, or indicated here. While page 107 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that one of indicators for spinal cord stimulator implantation is complex regional pain syndrome (CRPS), i. e. , one of the operating diagnoses, this recommendation is, however, qualified by commentary made on page 101 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that a precursor psychological evaluation is recommended prior to pursuit of a spinal cord stimulator trial. Here, it did not appear that the applicant had completed the prerequisite, precursor psychological evaluation before the spinal cord stimulator trial was sought. Therefore, the request was not medically necessary.

