

Case Number:	CM15-0016654		
Date Assigned:	02/05/2015	Date of Injury:	02/16/2007
Decision Date:	04/21/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	01/29/2015

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 [REDACTED] beneficiary who has filed a claim for chronic, low back, arm, foot, and ankle pain reportedly associated with an industrial contusion injury of February 16, 2007. In a utilization review report dated January 23, 2015, the claims administrator partially approved requests for Nucynta and Percocet and suggested that the medications be reviewed quarterly, going forward. The claims administrator referenced a January 17, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said January 17, 2015 progress note, the applicant reported ongoing complaints of neck, low back and left arm pain. The applicant had had to go to the emergency department recently to combat a recent flare of pain, it was acknowledged. 7-8/10 pain without medications versus 4-5/10 pain with medications was reported. The applicant stated that standing, walking, bending, and lifting remained problematic. The applicant was still smoking, it was incidentally noted. The applicant was asked to pursue a repeat epidural steroid injection. Cymbalta, Nucynta, and Percocet were renewed. The applicant was asked to follow up with an orthopedic knee surgeon. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. In the occupational history section of the report, it was explicitly acknowledged that the applicant was "not working." In an earlier note dated November 26, 2014, it was again acknowledged that the applicant was "not working." Nucynta, Cymbalta, and Percocet were renewed at that point in time, along with applicant's permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50 mg 1 po every 12 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

Decision rationale: 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 not working; it was explicitly acknowledged on progress notes of November 26, 2014 and January 17, 2015. While the attending provider did report some reduction in pain scores from 7-8/10 without medications to 4-5/10 with medications on January 17, 2015, these reports of diminished pain scores were, however, outweighed by the applicant's failure to return to work, the applicant's recent Emergency Department visit, which suggested that the applicant was not deriving appropriate analgesia with Nucynta, and the attending provider's continued reports that even the most basic activities of daily living, such as standing, walking, bending, lifting, etc., remained problematic, despite ongoing Nucynta usage. Therefore, the request was not medically necessary.

Percocet 10/325 mg 1/2-1 po daily: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Percocet (Oxycodone & Acetaminophen) and Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to continue opioids Page(s): 80.

Decision rationale: 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 not working; it was acknowledged on progress notes of January 9, 2015 and November 26, 2014. The applicant's continued reports that he was having difficulty performing activities of daily living as basic as sitting, walking, bending, and lifting, coupled with the applicant's failure to return to work did not make a compelling case for continuation of opioid therapy and, furthermore, outweighed the attending provider's reports of some reduction in pain scores effected as a result of the same. Therefore, the request was not medically necessary.

