

Case Number:	CM15-0131800		
Date Assigned:	07/20/2015	Date of Injury:	11/28/2011
Decision Date:	08/14/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/08/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 53 year-old male who sustained an industrial injury on 11/28/11. He reported low back pain from twisting and lifting. The injured worker is status post lumbar laminectomy. Current diagnoses include failed back surgery syndrome-lumbar, myalgia and myositis-unspecified, chronic lumbar sprain or strain, facet arthropathy, spasm of back muscles, low back pain, degenerative disc disease lumbar, sacroiliitis, and burning reflux. Diagnostic testing and treatments to date have included radiographic imaging, laboratory analysis, psychiatric treatments, radiofrequency ablation, and pain/antidepressant/symptomatic medication management. Currently, the injured worker complains of persistent, moderate to severe upper, middle, and low back pain, that radiates to the upper and lower extremities. The pain is achy, piercing, shooting, stabbing, and throbbing, aggravated by movement. He rates his pain as a 9 on a 10 point numeric pain scale without medications, and as a 4/10 with medications. He has demonstrated meaningful improvement in pain interference and/or function using validated instruments as well as quality of life. He has not experienced any side effects to the prescribed medications, has not experienced an overdose event during the current treatment episode, and has not demonstrated any evidence of current substance abuse disorder. The treating physician reports he has worsening nail and skin changes which had been attributed to the generic Norco, when brand name was denied. Requested treatments include nucynta 50mg one tab every 6 hours by mouth as needed #120. The injured worker's status is permanent and stationary; he has not worked in 3 years. Date of Utilization Review: 06/19/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg one tab every 6 hours by mouth as needed #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework" There is no clear evidence and documentation from the patient's file, of a continuous need for Nucynta. There is no documentation of functional improvement with previous use of Nucynta. There is no documentation of compliance of the patient with his medications. Therefore, the prescription of Nucynta 50mg #120 is not medically necessary.