

Case Number:	CM15-0133167		
Date Assigned:	07/21/2015	Date of Injury:	07/07/2010
Decision Date:	08/21/2015	UR Denial Date:	06/17/2015
Priority:	Standard	Application Received:	07/09/2015

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: Indiana

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 55-year-old male injured worker suffered an industrial injury on 7/07/2010. The diagnoses included shoulder joint pain, lumbago, lumbar degenerative disc disease, lumbar bulging disc, lumbar facet arthropathy, post-laminectomy syndrome and sciatica. The treatment included medication. On 6/8/2015 the treating provider reported low back pain rated 5/10 with radiculitis and 3/10 pain for the left shoulder. He complained of neuropathic pain in the bilateral lower extremity pain. He stated there was continued benefit with use of his Norco, which reduced his pain to 3/10 lasting 2 to 3 hours duration. He felt the low back pain and shoulder pain were stable on the current medications regime, which allowed him to remain active with walking 1 mile daily. The provider discussed a trial with Nucynta for better management of his chronic pain with assisting in reduction of the Norco to maximum of 3 times per day. It was not clear if the injured worker had returned to work. The requested treatments included Nucynta 50mg #90.

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 cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids "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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient subjective pain rating has progressively worsened, indicating that this regimen is not appropriate. MTUS Chronic Pain Medical Treatment Guidelines for opioid weaning does not include any recommendation to introduce any long acting Opioid to assist or bridge in weaning of a short acting opioid. As such, the request is not medically necessary.