

Case Number:	CM15-0133879		
Date Assigned:	07/22/2015	Date of Injury:	04/24/2010
Decision Date:	08/18/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 39 year old female, who sustained an industrial injury on 4/24/2010. Diagnoses have included lumbar degenerative disc disease, myofascial pain and depression-anxiety secondary to chronic pain issues. Treatment to date has included medication. According to the progress report dated 6/25/2015, the injured worker complained of whole body pain. The pain was rated five out of ten with medication and ten out of ten without medication. She complained of low back spasms. She also complained of difficulty sleeping and feeling depressed. Objective findings revealed positive straight leg raise bilaterally and pain with range of motion. Authorization was requested for Nucynta.

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: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in April 2010 and continues to be treated for chronic pain. When seen, she was having back spasms and pain throughout her body. Medications are referenced as decreasing pain from 10+/10 to 5/10. Physical examination findings included decreased lumbar spine range of motion and pain with spinal extension. Straight leg raising was positive bilaterally. An evaluation for a functional restoration program was requested. Medications were refilled including Fentanyl and Nucynta at a total MED (morphine equivalent dose) of over 200 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Ongoing prescribing at this dose was not medically necessary.