

Case Number:	CM15-0135734		
Date Assigned:	07/23/2015	Date of Injury:	03/10/2008
Decision Date:	09/02/2015	UR Denial Date:	07/06/2015
Priority:	Standard	Application Received:	07/14/2015

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 28-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 10, 2008. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve a request for a topical compounded medication and did issue a partial approve of Nucynta. The claims administrator referenced progress notes of February 25, 2015 and April 28, 2015 in its determination. The claims administrator based its failure to approve Nucynta on the non-MTUS ODG formulary as opposed to on medical necessity grounds. The applicant's attorney subsequently appealed. On an April 30, 2015 RFA form, handwritten, difficult to follow, not entirely legible, the compounded cream in question was endorsed. In an associated progress note of May 5, 2015, the applicant reported 9/10 neck and arm pain complaints. The applicant's medications included Senna, Percocet, Zofran, Nucynta, Pamelor, Neurontin, topical compounded cream, and albuterol. Permanent work restrictions imposed by a medical-legal evaluator were renewed while Colace, the diclofenac-containing topical compound, Pamelor, Nucynta, Zofran, and Senna were renewed and/or continued. The note was quite difficult to follow and mingled historical issues with current issues. It was not explicitly stated whether the applicant was or was not working following imposition of permanent work restrictions, although this did not appear to be the case. On April 28, 2015, permanent work restrictions, Pamelor, Nucynta, Zofran, Senna, Colace, and a diclofenac-containing cream were endorsed. Once again, it was not stated whether the applicant was or was not working with said permanent limitations in place. 9/10 pain complaints were noted with associated headaches. On March 25, 2015, the attending provider posited that the applicant had 6/10 pain complaints, reportedly reduced by 90% with analgesic medications. Colace, Pamelor, Nucynta, Senna, and permanent work restriction were endorsed. It was suggested (but not clearly stated) that the applicant was not working owing to the "pain and disability" associated with her industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Colace 250mg #60 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Yes, the request for Colace, a laxative agent/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic initiation of treatment for constipation is indicated in applicants using opioid agents. Here, the applicant was in fact using opioid agents to include Nucynta and Percocet; it was reported on May 5, 2015. Provision of a laxative agent/stool softener such as Colace was, thus, indicated in conjunction with the same. Therefore, the request is medically necessary.

Senna 8. 6mg #100 with 3 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: Similarly, the request for Senna, a laxative agent, was likewise medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic initiation of treatment for constipation is recommended in applicants using opioids. Here, the applicant was using two separate opioids, Percocet and Nucynta; it was reported on May 5, 2015. Provision of a laxative agent, Senna, was, thus, indicated to ameliorate any issues of constipation which may have originated in conjunction with the same. Therefore, the request is medically necessary.

Nucynta 50mg #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: Finally, 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 did not appear to be working, it was reported on May 5, 2015. The attending provider reported that the applicant was following up on the "pain and disability" associated with her industrial injury, strongly suggesting that the

applicant was not, in fact, working. 9/10 pain complaints were reported on that date. While the attending provider stated that the applicant's medications were beneficial, this was neither elaborated nor expounded upon. The attending provider failed to outline meaningful, material, and substantiate improvements in function (if any) effected as a result of ongoing Nucynta usage. Therefore, the request is not medically necessary.