

Case Number:	CM15-0136236		
Date Assigned:	08/10/2015	Date of Injury:	02/02/2011
Decision Date:	10/02/2015	UR Denial Date:	06/10/2015
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: New York

Certification(s)/Specialty: Anesthesiology

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 56 year old male who sustained an industrial injury on 02-02-2011. Current diagnoses include cervical sprain-strain, thoracic spine sprain-strain, lumbar sprain-strain, and lumbar vertebra herniated nucleus pulposus L4-5 left side. Previous treatments included medications. Previous diagnostic studies included a lumbar spine and cervical spine MRI. Report dated 04-06-2015 noted that the injured worker presented with complaints that included chronic low back pain. Physical examination was positive for decreased left Achilles tendon reflex, and bilateral straight leg raises produce tight hamstrings at 90 degrees. The physician documented that Nucynta helps the injured worker to work a full duty job, and Nucynta decreases pain level to 2-3 out of 10 on the visual analog scale. Pain level without pain medication is 7-8 out of 10 on the visual analog scale with use of Celebrex and Tramadol alone. The treatment plan included continuing use of Celebrex, seek authorization for Nucynta, remain at work full duty, and return in six weeks. Disputed treatments include Nucynta ER.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg #60 with 3 refills: 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 Functional improvement, Opioids section Page(s): 1, 74-96.

Decision rationale: The California MTUS chronic pain medical treatment guidelines recommend specific guidelines for the ongoing use of narcotic pain medication to treat chronic pain. "Recommendations include the lowest possible dose be used as well as ongoing review and documentation of pain relief, functional status, appropriate medication use and its side effects. It is also recommends that providers of opiate medication document the injured worker's response to pain medication including the duration of symptomatic relief, functional improvements, and the level of pain relief with the use of the medication." The CA MTUS Guidelines define functional improvement as "a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management and a reduction in the dependency on continued medical treatment." Therapies should be focused on functional restoration rather than the elimination of pain. According to ODG and MTUS, Nucynta is a centrally acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, the injured worker has continued low back pain, which has been treated with Celebrex, Tramadol, and Nucynta. The injured worker continues to work full duty. The physician noted in the report dated 04-06-2015 that with the use of Nucynta, pain level decreases to 2-3 out of 10 on the visual analog scale, and that his medication allows him to work full duty. The physician did not include an evaluation of functional improvement of the injured worker's activities of daily living, nor was the duration of symptomatic relief included. The required documentation was not submitted to support functional improvement with use of Nucynta. Medical necessity of the requested item has not been established. Of note, discontinuation of Nucynta should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.