

Case Number:	CM15-0137289		
Date Assigned:	07/27/2015	Date of Injury:	04/05/2011
Decision Date:	08/21/2015	UR Denial Date:	06/30/2015
Priority:	Standard	Application Received:	07/15/2015

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: Connecticut, California, Virginia
 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:

This 57 year old female sustained an industrial injury on 4/05/11. She subsequently reported neck and back pain. Diagnoses include cervical and lumbar disc displacement without myelopathy. Treatments to date include MRI and x-ray testing, chiropractic care and prescription pain medications. The injured worker continues to experience significant spasms and low back pain. Upon examination, antalgic gait was noted. Bilateral upper and lower extremity muscle tone was normal. A request for Nucynta 50mg tablet SIG: 1/2 to 1 tab po TID pm pain QTY: 90 (date of service 5/29/15) was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg tablet SIG: 1/2 to 1 tab po TID pm pain QTY: 90 (date of service 5/29/15):
 Overturned

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

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

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. In this case, the patient clearly warrants close monitoring and treatment, to include close follow up regarding improvement in pain/function; consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. More detailed consideration of long-term treatment goals for pain (specifically aimed at decreased need for opioids), and further elaboration on dosing expectations in this case would be valuable. Consideration of other pain treatment modalities and adjuvants is also recommended. Utilization Review denied the request due to lack of urine drug screening, updated pain contract, etc. Pain management has provided reasonable appeal in reiterating that this is a retrospective request for post operative pain control, and the patient is, in fact, no longer on the drug. Given the reasonable request to cover the drug retrospectively and understanding that this is not a current or standing order for the medication, the retrospective request is considered medically appropriate.