MAXIMUS Federal Services

Case Number:	CM15-0145671		
Date Assigned:	07/30/2015	Date of Injury:	04/08/2010
Decision Date:	09/23/2015	UR Denial Date:	06/12/2015
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 56-year-old who has filed a claim for chronic neck, low back, mid back, and bilateral lower extremity pain reportedly associated with an industrial injury of April 8, 2010. In a utilization review report dated June 12, 2015, the claims administrator failed to approve a request for Nucynta. The claims administrator referenced an RFA form received on June 5, 2015 in its determination, along with an associated progress note of April 30, 2015. On June 25, 2015, the applicant reported ongoing complaints of low back, hand, and thumb pain, 8/10 with medications versus 10/10 without medications. The applicant's medication list included Neurontin, Colace, Senna, Ambien, Nucynta, and Wellbutrin, it was reported. The applicant's pain complaints were described as having increased, it was stated toward the bottom of the note. The applicant was having difficulties sleeping and coping with her pain complaints, it was reported. The attending provider acknowledged that the applicant had issues with emotional overlay. The attending provider contended that the applicant's ability to perform cooking and cleaning had been ameliorated as a result of ongoing medication consumption. The attending provider suggested (but did not clearly state) that the applicant was not, in fact, working.

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 base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, 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 because of the same. Here, however, the applicant was not working; it was suggested (but not clearly stated) on June 25, 2015. While the attending provider recounted low-grade reduction in pain scores from 10/10 without medications to 8/10 with medications on that date, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to clearly report the applicant's work status, and the attending provider's failure to identify meaningful, material, and substantive improvements in function (if any) effected as a result of ongoing Nucynta usage. The attending provider's commentary to the effect that the applicant's ability to clean and cook as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a substantive improvement in function achieved as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.