

Case Number:	CM15-0146683		
Date Assigned:	08/10/2015	Date of Injury:	09/01/1997
Decision Date:	09/23/2015	UR Denial Date:	07/07/2015
Priority:	Standard	Application Received:	07/28/2015

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 [REDACTED] employee who has filed a claim for chronic low back, wrist, and shoulder pain with derivative complaints of depression, anxiety, and insomnia reportedly associated with an industrial injury of December 1, 1997. In a utilization review report dated July 7, 2015, the claims administrator failed to approve a request for Nucynta, apparently prescribed on June 24, 2015. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported moderate-to-severe shoulder pain complaints. The applicant was trying to avoid shoulder replacement, it was reported. The applicant was on Nucynta Extended Release and Nucynta. 5-6/10 pain complaints were reported with medications. The applicant also had issues with moderate-to-severe depression, it was reported. In another section of the note, it stated that the applicant was using both Vicodin and Nucynta for breakthrough pain. The applicant's medication list included Levitra, Naprosyn, Nucynta Extended Release, Nucynta Immediate Release, Effexor, Lunesta, cortisol, Lasix, Miralax, Lopressor, and Coumadin, it was stated. Permanent work restrictions, Effexor, Nucynta Extended Release, and Nucynta were all renewed. It was not clearly stated whether the applicant was or was not working, although this did not appear to be the case. On May 26, 2015, the applicant again reported continuous, severe shoulder pain complaints, and moderate-to-severe depression. Ancillary complaints of low back pain were noted. 4-6/10 pain complaints with medications versus "11/10" without medications were reported. The applicant had developed derivative complaints of insomnia, it was reported. The applicant had undergone earlier failed lumbar fusion surgery, it was stated. The applicant's medication list included Levitra, Naprosyn,

Nucynta Extended Release, Nucynta, Effexor, Lopressor, and Coumadin, it was stated. The applicant was quite depressed and asked to receive counseling. Lexapro, Nucynta Extended Release, Naprosyn, and Miralax were proposed. The applicant was asked to pursue viscosupplementation injection for the shoulder. Permanent work restrictions were renewed. Once again, it was not clearly stated whether the applicant was or was not working with limitations in place. In another section of the note, it was stated that the applicant would like to use low-dose Vicodin, as he did not feel he was deriving appropriate analgesia with Nucynta alone.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 200mg #60 (every 4-6 hours as needed, RX date: 06/24/15): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids, criteria for use, Therapeutic Trial of Opioids.

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 as a result of the same. Here, however, the applicant's work status was not recorded on multiple office visits, referenced above, including on May 26, 2015. It did not appear, however, that the applicant was working with previously imposed permanent limitations in place. The applicant's shoulder pain complaints were described as continuous and severe in various sections of the note. While the treating provider did outline some reduction of pain scores from "11/10" without medications to 4-6/10 with medications, these reports were, however, outweighed by the treating provider's failure to report the applicant's work status, the applicant's seeming failure to return to work, the treating provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.