

Case Number:	CM15-0189521		
Date Assigned:	10/01/2015	Date of Injury:	03/24/2014
Decision Date:	11/10/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	09/25/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 45 year old male who sustained an industrial injury on March 24, 2104. Most recent primary treating visit dated September 09, 2015 reported subjective complaint of "moderate to severe ongoing bilateral leg pain, sciatica, right lower extremity and left foot pain." The plan of care is with recommendation for: pain management treatment, epidural injection. Previous treatment to include: activity modification, medications, bone stimulator, home exercises, physical therapy, aquatic therapy. A recent primary treating office visit dated September 04, 2015 reported current subjective complaint of "constant low back pain", "painful movement," "left foot and ankle pain." The following diagnoses were applied to this visit: lumbar spine herniated disc per MRI January 20, 2015; left foot high energy injury; left foot lisfrane fracture dislocation; left foot non-displaced cuboid fracture; left foot post-operative open treatment of lisfran injury on August 05, 2014. On July 31, 2015 he underwent a pain medication re-evaluation that reported current medication regimen consisting of: Celebrex, Doxepin, Gabapentin, Lidocaine, Nucynta, and Pantoprazole. Pain management follow up dated May 21, 2015 reported medication regimen consisting of: Celebrex, Doxepin, Gabapentin, Lidocaine, Pantoprazole, and Nucynta. The following medications were noted discontinued this visit: Omeprazole due to limited response. On September 01, 2105 a request was made for Nucynta 100mg #20 that was noted with modification from Utilization review on September 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg daily #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Nucynta, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case documents little to no improvement of pain with use of medication. There is no functional benefit documented from medication use. The original UR decision approved Nucynta 100 mg #20, as a modification of the original request for #30, to allow for weaning. The record does not support medical necessity of ongoing opioid therapy with Nucynta and the original UR decision is upheld.