MAXIMUS Federal Services

Case Number:	CM15-0191149		
Date Assigned:	10/05/2015	Date of Injury:	03/14/2013
Decision Date:	11/16/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	09/29/2015

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 Jersey, New York
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 59 year old female with an industrial injury date of 03-14-2013. Medical record review indicates she is being treated for radiculopathy and lumbar radiculopathy. Subjective complaints (08-12-2015) included back pain radiating from low back down right leg. The injured worker rated her pain as 5.5 out of 10 with and 8 out of 10 without medications. "No new problems or side effects." "Quality of sleep is good." The treating physician noted "her activity level has increased." Work status is documented (08-12-2015) as "temporarily totally disabled." Specific activities of daily living are not indicated. Her current medications are Nucynta (since at least 03-11-2015) and Zofran. Prior medications included Norco, Tramadol, and Motrin. Objective findings (08-12-2015) included tenderness on palpation of paravertebral muscles, hyper tonicity, spasm, tenderness and tight muscle band on both sides. Straight leg raising test was positive on the left side in sitting at 65 degree. FABER and pelvic compression was positive. There was tenderness to palpation noted over the patella. Prior treatment included physical therapy, chiropractic treatment and acupuncture ("provided her with no significant pain relief").She also had water therapy which is documented as "provided her with mild pain relief, and two lumbar epidural steroid injections which as documented as "provided her with relief on the upper thigh."The treating physician documented: "The patient is stable on current medication regimen and has not changed essential regimen in greater than six months. Function and activities of daily living improved optimally on current doses of medications. Pain agreement briefly reviewed with the patient." On 09-01-2015 the request for Nucynta 50 mg Tab #60 was non-certified by utilization review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg Tab #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The request is not medically necessary. It wasn't clear by the chart how much pain reduction and improved function the patient experienced with the Nucynta. The four As of opioid management have not been met. There were no urine drug screens in the chart, as well as a drug contract. For chronic back pain, long term efficacy of opiates is unclear and limited. Therefore, the request for continued Nucynta is medically unnecessary.