

Case Number:	CM15-0191355		
Date Assigned:	10/06/2015	Date of Injury:	10/05/2000
Decision Date:	11/19/2015	UR Denial Date:	09/23/2015
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: 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] beneficiary who has filed a claim for chronic neck, upper back, and shoulder pain reportedly associated with an industrial injury of October 5, 2000. In a utilization review report dated September 23, 2015, the claims administrator failed to approve a request for Nucynta Extended Release. The claims administrator referenced office visits of August 28, 2015 and July 31, 2015 in its determination, along with an RFA form dated September 9, 2015. The applicant's attorney subsequently appealed. On August 28, 2015, the applicant reported ongoing complaints of neck, mid back, shoulder, and hand pain. The applicant reported a "lot more trouble" with her chronic pain complaints. Severe headaches were reported, stated in one section of the note. 4-5/10 neck and back pain complaints were reported in another section of the note. In yet another section of the note, the applicant was described as having "severe, intractable" neck and upper back pain complaints. The attending provider contended that the applicant would be unable to perform unspecified activities of daily living without her medications. Nucynta, Norco, and Zorvolex were renewed while drug testing was apparently performed. The applicant's work status was not clearly reported on this date. On September 24, 2015, the applicant was again described as having ongoing, intractable, and severe neck and upper back pain complaints. The applicant was status post earlier failed cervical spine surgery, it was reported. The applicant was using a cervical collar, it was incidentally noted. The applicant was on Nucynta, Norco, Nexium, and Senna, it was stated. Once again, no seeming discussion of medication efficacy transpired. The applicant's work status was not explicitly stated on this date, either.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #60: Upheld

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

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

Decision rationale: No, the request for Nucynta Extended Release, a long-acting opioid, 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 reported on office visit of August 28, 2015 or September 24, 2015, suggesting the applicant was not, in fact, working. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Nucynta Extended Release use. The attending provider's commentary to the effect that the applicant's pain complaints were severe and intractable, coupled with the attending provider's failure to outline the applicant's work status, did not, in short, make a compelling case for continuation of opioid therapy with Nucynta Extended Release. Therefore, the request was not medically necessary.