

Case Number:	CM15-0194838		
Date Assigned:	10/08/2015	Date of Injury:	08/09/2001
Decision Date:	11/19/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/02/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This 60 year old woman sustained an industrial injury on 8-9-2001. Diagnoses include status post cervical spine surgery, intractable pain syndrome, history of fibromyalgia, and cervical spine myospasms. Treatment has included oral medications including Nucynta and Opana, surgical intervention, cervical epidural steroid injections, medial branch blocks, cervical facet blocks, and home interferential unit. Physician notes on a PR-2 dated 9-1-2015 show complaints of cervical spine pain. The physical examination shows "restricted" cervical spine range of motion, tenderness is noted to the paravertebral muscles as well as trigger points bilaterally. Positive Phalen's and Tinel's signs were noted to the bilateral wrists. Normal strength and sensation is noted. Recommendations include Nucynta and Opana. Utilization Review denied requests for Nucynta and Opana on 9-10-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Nucynta 75mg #120: Overturned

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

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

Decision rationale: The 60 year old patient presents with cervical myospasms, intractable pain syndrome, and history of fibromyalgia, as per progress report dated 09/01/15. The request is for 1 PRESCRIPTION OF NUCYNTA 75mg #120. There is no RFA for this case, and the patient's date of injury is 08/09/01. The patient is status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 08/19/03, status post posterior fusion with instrumentation at C6-7 on 09/05/06, and status post status post repair of type 2 SLAP lesion and arthroscopic subacromial decompression. Medications included Nucynta and Opana. The patient has been on Social Security Disability, as per the same progress report. MTUS Guidelines pages 88 and 89, section Opioids, long-term assessment states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." In this case, Nucynta is first noted in progress report dated 03/11/15. It is not clear when opioid therapy was initiated. As per progress report dated 09/01/15, the patient states "her pain is decreased and her function is improved with the use of these medications and without them, she would have significant difficulty tolerating routine activities of daily living." There are no side effects or aberrant behavior. UDS, as per progress report dated 09/01/15, was consistent. The patient has signed an opioid agreement. As per progress report dated 08/04/15, medications help reduce from 8-10/10 to 6/10. They help the patient tolerate activities including therapeutic exercises. Medications also allow "her to remain active in caring for her family and home. They improve her functional independence for activities of daily living and her ability to access local community." In progress report dated 03/11/15, the treater indicates medications help the patient to "walk, sit, stand and sustain activity for longer period of time." Without the medications, the patient "would take significantly longer time to perform even small household tasks." Given the efficacy and clear documentation of the 4A's, as required by MTUS, the request appears reasonable and IS medically necessary.