

Case Number:	CM15-0204592		
Date Assigned:	10/21/2015	Date of Injury:	05/02/2003
Decision Date:	12/02/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/19/2015

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

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 65-year-old male, who sustained an industrial injury on 05-02-2003. He has reported injury to the neck, bilateral upper extremities, and low back. The diagnoses have included chronic neck pain, history of cervical surgery in 2004; chronic low back pain, left L5 radiculopathy; and chronic myofascial pain. Treatment to date has included medications, diagnostics, and surgical intervention. Medications have included Norco, Ultracet, Naproxen, and Prilosec. A progress report from the treating physician, dated 09-21-2015, documented a follow-up visit with the injured worker. The injured worker reported neck, back, and bilateral upper extremity pains; he has also been having some knee and bilateral lower extremity pains; he continues to get some relief with his pain medications; when he does take the Norco, it does take his pain from as high as a 9 out of 10 in intensity down to a 7 out of 10 in intensity; this allows him to stay more active, take care of personal hygiene, light household chores; without the medication, he feels he would not be able to do these activities; he does have some side effect from the Norco, causing some nausea; and the Naproxen helps "take the edge off a little bit" and allows him to get by with less Norco. Objective findings included "he is only getting his medications from us"; he is not asking for early refills; he has a signed pain contract on file; and the urine drug screen on 03-09-2015 was consistent. The provider noted that the Norco is causing some nausea, "therefore, we will see if we can try a new medicine, see if it would provide him with benefit without this symptom". The treatment plan has included the request for Nucynta 50mg #60 for 30-day supply. The original utilization review, dated 10-05-2015, non-certified the request for Nucynta 50mg #60 for 30 day supply.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60 for 30 day supply: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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

Decision rationale: The California MTUS states: When to Continue Opioids (a) If the patient has returned to work(b) If the patient has improved functioning and pain(Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004)The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is documented significant improvement in VAS scores for significant periods of time with pain decreased from a 9/10 to a 7/10. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.