

Case Number:	CM15-0208606		
Date Assigned:	10/27/2015	Date of Injury:	07/09/2012
Decision Date:	12/08/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/23/2015

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 is a 59-year-old male with a date of industrial injury 7-9-2012. The medical records indicated the injured worker (IW) was treated for neck pain status post fusion (1994); chronic low back pain; and ulnar neuropathy across the elbow. In the progress notes (7-23-15 and 9-2-15), the IW reported neck pain rated 7 out of 10 with radiation to the upper extremities and low back pain rated 8 out of 10 with radiation to the bilateral posterior lower extremities. In the most recent report, the IW indicated Tramadol decreased his pain from 8 out of 10 to 4 out of 10 and allowed him to sleep four hours per night instead of two to three hours. It also made it possible to use the bathroom unassisted, which would not be possible otherwise. He denied negative side effects. The provider's notes stated there were no aberrant behaviors and the IW was getting medications only from his office. He stated a signed pain contract was on file and the urine drug screen on 6-25-15 was consistent. On examination (9-2-15 notes), the IW was in no acute distress and he got up slowly and ambulated slowly. No other information was given. Treatments included medications (Tramadol, Motrin), epidural steroid injection and home exercise. Cozaar, Celexa and Mirtazapine were prescribed by his private physician. The IW was retired. The progress notes dated 10-1-15 explained that although Tramadol was effective for the IW's pain, a new prescription for Nucynta was being given as a trial due to the denial for authorization of the Tramadol. A Request for Authorization was received for Nucynta 50mg, #90. The Utilization Review on 10-21-15 modified the request for Nucynta 50mg, #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioid hyperalgesia. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Workers' Compensation, Pain (Chronic) Weaning, opioids (specific guidelines).

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

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional status with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Nucynta 50mg #90 is not medically necessary and appropriate.