

Case Number:	CM15-0021821		
Date Assigned:	02/11/2015	Date of Injury:	03/02/2012
Decision Date:	05/19/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	02/05/2015

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: Arizona, California
 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:

This 40 year old female sustained an industrial injury to the right knee on 3/2/12. Previous treatment included magnetic resonance imaging, anterior cruciate ligament reconstruction, injections, spinal cord stimulator with revision, cane, and medications. In a progress note dated 12/2/14, the injured worker complained of ongoing, constant right knee pain with radiation to the back, associated with swelling, difficulty staying asleep due to pain, depression and frustration. The injured worker reported that her average pain was 8/10 on the visual analog scale. The injured worker required a cane for ambulation. The injured worker stated that the current medication regimen continued to manage her overall pain to a tolerable level. The injured worker was considering the use of an intrathecal pain pump. Current diagnoses included chronic regional pain syndrome, lower extremity chronic pain due to trauma, chronic postoperative pain and right knee internal derangement. The treatment plan included a trial of intra-articular injections and prescription for Morphine, Zanaflex, Klonopin, Nucynta ER and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 250mg #60/30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability guidelines, Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, opioids are not indicated for mechanical or compressive etiologies. The claimant had been on Morphine and Nucynta in combined dose exceeding the daily dose equivalent of 120 mg. The claimant had been on Morphine and Nucynta for over 6 months. The pain has increased to 10/10 over the past year indicating tolerance and failure of prior Nucynta and Morphine use. Chronic and continued use of opioids is not indicated and changing to Nucynta ER is not medically necessary.