

Case Number:	CM15-0216750		
Date Assigned:	11/06/2015	Date of Injury:	08/14/2012
Decision Date:	12/21/2015	UR Denial Date:	10/26/2015
Priority:	Standard	Application Received:	11/03/2015

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 31 year old female, who sustained an industrial injury on 8-14-2012. Diagnoses include lumbosacral neuritis, myalgia, lumbosacral spondylosis, fibromyalgia, De Quervain's tenosynovitis, carpal tunnel syndrome, and myositis. Treatments to date include activity modification, medication therapy, physical therapy, and chiropractic therapy. The records documented a "poor tolerance to medications" failing trials of Trazadone, Gabapentin, Tylenol #3, Celebrex, and reported an allergy to Naproxen. On 10-15-15, she complained of ongoing mid back and low back pain with radiation to right lower extremity. She reported a rash from Tramadol and issues with the stomach even with use of Prilosec daily. Pain was rated 8-9 out of 10 VAS. Current medications included Prilosec and Extra Strength Tylenol. The physical examination documented lumbar and thoracic tenderness and muscle spasms with decreased range of motion. Straight leg raise was positive. The record indicated Tramadol HCL 100mg was discontinued. The Prilosec 20mg once daily was increased to twice a day. A new prescription was provided for Nucynta 50mg tablets twice daily, and the Tylenol Extra Strength 500mg twice daily was continued. The appeal requested authorization for Nucynta 50mg tablets #60. The Utilization Review dated 10-26-15, denied the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg tablet #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: 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 no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. Therefore not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.