

Case Number:	CM15-0222646		
Date Assigned:	11/18/2015	Date of Injury:	12/28/2010
Decision Date:	12/30/2015	UR Denial Date:	10/19/2015
Priority:	Standard	Application Received:	11/12/2015

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 56 year old female, who sustained an industrial injury on 12-28-10. The injured worker has complaints of neck pain that radiates down the bilateral upper extremities and radiates bilaterally to the shoulders and to the hands accompanied by tingling occasionally in the left upper extremity to the level of the shoulder and numbness occasionally in the left upper extremity to the level of the shoulder. The neck pain is associated with headaches and muscle spasms in the neck area. The injured worker has complaints of low back pain that radiates down the bilateral lower extremities and upper extremity pain bilaterally in the arms and in the hands and in the shoulders. Cervical examination revealed spinal vertebral tenderness noted in the cervical spine C4-7 and there is tenderness noted upon palpation at the trapezius muscles bilaterally. There was occipital tenderness upon palpation bilaterally and range of motion of the cervical spine was slightly limited due to spine, Magnetic resonance imaging (MRI) of the cervical spine on 5-8-14. The diagnoses have included chronic pain other and cervical radiculopathy. Treatment to date has included cervical epidural steroid injection; nucynta ER; Compazine; gabapentin; Norco and zofran. The documentation noted the injured worker has been on nucynta and Zofran since at least 6-24-15. The original utilization review (10-19-15) modified the request for nucynta ER 50mg #60 to nucynta ER 50mg #45. The request for compazine 10mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #60: Upheld

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

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 all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.

Compazine 10mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation PDR compazine.

Decision rationale: The California MTUS and the ACOEM do not specifically address the requested service. The physician desk reference states the requested medication is indicated in the treatment of nausea and vomiting. The patient does not have these diagnoses and has no documentation of symptoms and findings on exam. Therefore the request is not medically necessary.