MAXIMUS Federal Services

Case Number:	CM15-0031513		
Date Assigned:	02/24/2015	Date of Injury:	01/24/2007
Decision Date:	04/08/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/19/2015

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: Texas, New York, California
Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 applicant is a represented 47-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 24, 2007.In a utilization review report dated February 11, 2015, the claims administrator failed to approve a request for Nucynta. An RFA form received on February 3, 2015 was referenced in the determination, along with a progress note dated February 2, 2015.The applicant's attorney subsequently appealed. On January 2, 2015, the applicant reported persistent complaints of low back pain, 10/10 without medications versus 4/10 with medications. The applicant was reportedly using Norco, Soma, and Nucynta, it was acknowledged. The attending provider acknowledged that activities of daily living as basic as standing, walking, bending, and lifting remained problematic. The applicant's complete medication list included Norco, Soma, topical Terocin, Coreg, Lasix, Glucophage, glipizide, and Naprosyn, it was acknowledged. Multiple medications were refilled. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Nucynta, an opioid agent, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work, it was suggested, following the imposition of permanent work restrictions. While the attending provider outlined some reduction in pain scores reportedly effected as a result of ongoing opioid therapy, these are/were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as standing, walking, bending, and lifting. Therefore, the request was not medically necessary.