

Case Number:	CM15-0036031		
Date Assigned:	03/04/2015	Date of Injury:	03/25/2003
Decision Date:	04/22/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 57-year-old female who reported an injury on 03/25/2003. Diagnoses included back disorder NOS. The mechanism of injury was cumulative trauma. The treatment history included physical therapy, medications, and the diagnostic studies included a right wrist MRI, x-rays, and a triple phase arthrogram as well as neurodiagnostic studies. The surgical history included right wrist, bilateral elbow, and left knee surgeries. The injured worker's medications included opiates since at least 2012. The documentation of 01/13/2015 revealed the injured worker's medications included Lexapro 20 mg every day and Lyrica 150 mg twice a day, as well as Nucynta 100 mg by mouth every 6 hours as needed, morphine sulfate IR 30 mg by mouth every day as needed, and baclofen 20 mg twice a day, as well as Motrin 800 mg 3 times a day. The physical examination revealed restricted range of motion in all directions. Bilateral upper extremity and wrist provocative maneuvers were positive and the Tinel's, Phalen's, and Durkin's tests were positive. There was tenderness to palpation in the bilateral elbows and wrists, the right lateral epicondyle, and right brachioradialis and increased pain at the right lateral epicondyle with resisted wrist extension. Diagnoses included bilateral upper extremity repetitive injury, status post bilateral ulnar nerve transposition surgery, status post right wrist arthroscopic surgery and right carpal tunnel release, bilateral upper extremity internal derangement, tendinitis, and sprain and strain, as well as diabetes mellitus. The request was made for Nucynta 100 mg 4 times a day #120 that was noted to be medically necessary for the injured worker's pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Nucynta 100mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Criteria for Use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management, opioid dosing Page(s): 60, 78, 86.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opiates for chronic pain. There should be documentation of an objective improvement in function, an objective decrease in pain, and evidence that the injured worker is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. The objective functional benefit was not noted. The objective decrease in pain was not noted. There was a lack of documentation indicating the injured worker was being monitored for aberrant drug behavior and side effects. Additionally, the daily morphine oral equivalent dose would be 176.8, which exceeds the 120 mg maximum per day. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for a prescription for Nucynta 100 mg quantity 120 is not medically necessary.