

Case Number:	CM15-0042013		
Date Assigned:	03/12/2015	Date of Injury:	02/04/2014
Decision Date:	04/22/2015	UR Denial Date:	03/03/2015
Priority:	Standard	Application Received:	03/05/2015

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: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 injured worker is a 28 year old male, who sustained an industrial injury on 2/04/2014. He reported injury to his right elbow while pulling shopping carts from a store's side storage. The injured worker was diagnosed as having ulnar nerve lesion. Treatment to date has included surgical intervention (right elbow cubital tunnel decompression in 9/2014) and conservative measures, including physical therapy and medications. Failed medications were noted as Neurontin and Tramadol. Currently, the injured worker complains of right elbow pain, rated 7/10 with medications, and 9/10 without. Sleep quality was fair. Exam of the right elbow revealed tenderness to palpation, decreased range of motion, and positive Tinel's sign. Sensory exam was decreased over the small and ring fingers. Medications included Naprosyn, Omeprazole, trial Lyrica, and initiate Nucynta. Tramadol was discontinued due to blurred vision and confusion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg tablet, take 1 every 4-6 hours #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 179.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." In the current case, the patient was using opioids without documentation of significant pain or functional improvement. Beside Tramadol, there is no documentation of the patient failing to tolerate first-line opioids due to side effects. The medical records also do not include a pain contract for the use of opiates. Therefore the prescription of Nucynta 50mg #120 is not medically necessary.