

Case Number:	CM15-0047594		
Date Assigned:	03/19/2015	Date of Injury:	06/22/2004
Decision Date:	05/01/2015	UR Denial Date:	02/24/2015
Priority:	Standard	Application Received:	03/12/2015

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: California, Hawaii

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 was a 67 year old male, who sustained an industrial injury, June 22, 2004. The injured worker previously received the following treatments Lyrica, Zylprim, Atorcvastatin, Metformin Hcl, trigger point injection and random toxicology studies. The injured worker was diagnosed with lumbar fusion of L4-L5, status post hardware removal, disc degeneration of L1-L2 and L2-L3 with severe facet arthropathy at L1-L2 and L2-L3, degenerative lumbar kyphosis, facet arthropathy L3-L4 and L4-S1, lumbar stenosis of L3-L54 and L4-S1, intractable cervical [pain, right upper extremity paresthesias, bilateral shoulder impingement, status post bilateral shoulder arthroscopic surgery, status post bilateral carpal tunnel release and failed back syndrome. According to progress note of January 28, 2015, the injured workers chief complaint was persistent neck, upper back, mid back, and bilateral wrist pain. The pain was rated 8 out of 10 without pain medication and 4 out of 10 with pain medication; 0 being no pain ad 10 being the worse pain. The treatment plan included a new prescription for Nucynta for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg, #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 74-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The patient presents with pain affecting neck, upper back, mid back, and bilateral wrist. The current request is for Nucynta ER 250mg, #60. The treating physician report dated 1/28/15 (328B) states: The patient states that his pain is decreased and his functions is improved with the use of these medications and without them, he would have significant difficulty tolerating even routine activities of daily living. He denies negative side effects with the medication, including sedation, cognitive impairment, or constipation. The lowest possible dose is being prescribed and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. MTUS pages 88 and 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). The medical reports provided show the patient has been taking Nucynta since at least 7/14/14. The report dated 1/28/15 notes that the patient's pain has decreased from 8/10 to 4/10 while on current medication. No adverse effects or adverse behavior were noted by patient. The patient's ADL's have improved and he can tolerate activity much easier. The patient's last urine drug screen was consistent and the physician has a signed pain agreement on file as well. The continued use of Nucynta has improved the patient's symptoms and have allowed the patient to enjoy a greater quality of life. In this case, all four of the required A's are addressed, the patient's pain level has been monitored upon each visit and functional improvement has been documented. Recommendation is for authorization and the requested treatment is medically necessary.