

Case Number:	CM15-0082041		
Date Assigned:	05/04/2015	Date of Injury:	11/18/2011
Decision Date:	06/04/2015	UR Denial Date:	04/06/2015
Priority:	Standard	Application Received:	04/29/2015

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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 18, 2011. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve requests for Nucynta and Norco. The claims administrator referenced a March 12, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On January 20, 2012, the applicant reported ongoing complaints of low back pain radiating into the leg, 6/10, exacerbated by all activities and movements. The applicant was given a primary operating diagnosis of lumbar radiculopathy. Epidural steroid injection therapy was endorsed. The applicant was using Norco, Motrin, and Tenormin as of that point in time, it was noted. On July 18, 2013, the applicant was placed off of work, on total temporary disability, while Nucynta and Norco were renewed. The applicant was also using marijuana, it was reported on that date. The applicant was using Norco every five hours, it was reported. Persistent complaints of low back pain radiating into legs was reported. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. On January 29, 2015, the applicant received lumbar epidural steroid injection. On November 6, 2014, the applicant was again described as having severe low back and hip pain. The applicant was still using medical marijuana, Norco, and Nucynta, it was reported. 8/10 pain complaints were reported. Epidural steroid injection therapy was proposed. The applicant was again placed off of work, on total temporary disability. The attending provider stated that the applicant's ability to perform activities of daily living such as self-care and dressing himself had been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta Er 100mg/Tab, 1 Tab Po Bid #60: Upheld

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

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 extended release, a long-acting opioid, 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 off of work, on total temporary disability, on or around the date in question. The applicant reported on several occasions that all activities worsened his pain complaints. The applicant continued to report pain complaints as high as 8/10 on November 6, 2014. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Nucynta usage. The attending provider's commentary to the effect that the applicant's ability to perform self-care and personal hygiene had been ameliorated as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful commentary or significant improvement in function effected as a result of ongoing Nucynta usage. Therefore, the request was not medically necessary.

Norco 10/325mg/Tab, 1 Tab Poq5hrs Prn #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation has been suggested for applicants who are concurrently using illicit substances. Here, the applicant was, in fact, concurrently using marijuana, an illicit substance. Discontinuing opioid therapy with Norco, thus, was seemingly a more appropriate option than continuing the same. Therefore, the request was not medically necessary.