MAXIMUS Federal Services

Case Number:	CM14-0139966		
Date Assigned:	09/08/2014	Date of Injury:	03/27/2013
Decision Date:	10/14/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 underlying date of injury in this case is 03/27/2013. The date of the initial utilization review is 08/11/2014. The patient's diagnosis is a complex laceration of the left calf involving the gastrocnemius requiring repair and a left posterior calf laceration status post repair with residual calf pain.On 08/27/2014, the treating physician saw the patient in followup and noted that the patient had been started on Nucynta to better control her pain. However, she reported she was unable to tolerate the medication. The patient reported increased pain with prolonged walking, lifting, or standing, and stated that sitting, heat, ice, and lying down helped with her pain. The treating physician notes that he was aware that there had been some concern regarding the possibility of misuse of medication. He noted that he would do regular urine toxicology testing and doing CURES data retrievals and noted that the patient tested positive for opioids as expected recently. The treating physician noted that the patient has complex regional pain syndrome, and these patients often have debilitating pain, and thus he recommended a consultation with a pain anesthesiologist. He noted that the patient could not tolerate Nucynta with which he was trying to control the pain so the patient did not end up in the emergency room. Therefore, he planned treatment with long-acting Hydrocodone.

IMR ISSUES, DECISIONS AND RATIONALES

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

MEDICATION NUCYNTA: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioids, beginning Page(s): 74.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines section on Opioids, beginning on page 74, states that the patient and physician should establish functional goals before initiating treatment and that ongoing treatment should be based upon the the 4 A's of opioid management including functional assessment of response to opioids. In this case, after the independent medical review process began, the patient tried Nucynta and was not able to tolerate this. The treating physician is requesting treatment with an alternate opioid medication, and the same rationale would apply to either opioid. Overall the medical records do not clearly document functional goals or functional benefit to support the use of opioid medication in an evolving chronic pain situation. The treatment guidelines do not support a functional benefit from opioids in such a chronic situation, and the medical records do not clearly document proposed or actual functional benefits which would be anticipated from opioids but not from non-opioid treatment. This request is not supported by the treatment guidelines. This request is not medically necessary.