

Case Number:	CM14-0165089		
Date Assigned:	10/10/2014	Date of Injury:	08/09/2001
Decision Date:	11/13/2014	UR Denial Date:	09/13/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 9, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier cervical fusion surgery; trigger point injection therapy; cervical epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated September 13, 2014, the claims administrator partially approved a request for Nucynta and Oxymorphone, apparently for weaning purposes. In a September 18, 2014 progress note, the applicant reported 8/10 pain with medications, versus 10/10 pain with medications. The applicant stated that medications were effectual. The applicant apparently reported some recent flare in pain associated with being struck in the face with a ball. The applicant was using Nucynta, Oxymorphone, Norvasc, and Tizanidine, it was acknowledged. The applicant was also using interferential unit and the applicant was receiving Social Security Disability benefits since 2008, it was further noted. Trigger point injections were performed. The applicant was asked to continue current medications. In a September 11, 2014 progress note, it was acknowledged that the applicant was off of work, on total temporary disability, despite two prior cervical spine surgeries and one prior shoulder surgery. The applicant was still using a TENS unit. The applicant was receiving disability benefits as well as workers' compensation indemnity benefits, it was acknowledged. It was stated that the applicant might be a candidate for a total shoulder arthroplasty.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain: Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 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. In this case, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits; it has been stated on several occasions, referenced above. The attending provider's documentation of detrimental pain scores from 10/10 without medications to 8/10 with medications appears marginal to negligible and is outweighed by the applicant's failure to return to work and the attending provider's failure to outline any material improvements in function achieved as a result of ongoing Nucynta usage. Therefore, the request is not medically necessary.

Oxymorphone HCL ER 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Oxymorphone (Opana)Weaning of Medic.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 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 function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it has been acknowledged on several occasions. While the attending provider did report some reduction in pain scores from 10/10 without medications to 8/10 with medications, this appears to be a marginal-to-negligible benefit, one which is outweighed by the applicant's failure to return to work as well as the attending provider's failure to recount any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing Oxymorphone-extended release usage. Therefore, the request is not medically necessary.