

Case Number:	CM14-0092383		
Date Assigned:	07/25/2014	Date of Injury:	02/17/2010
Decision Date:	09/22/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	06/18/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in Tennessee. 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 patient is a 65-year-old female who has submitted a claim for osteoarthritis, localized, primary, lower leg associated with an industrial injury date of February 17, 2010. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of left ankle and foot pain, stiffness, hypersensitivity with pain radiating to her calf. She also experienced right foot and ankle pain with pain shooting intermittently into her calf. On examination of her lower extremities, patient was found to be antalgic to the left side, unable to walk on her heels and toes, and with no changes in the color, temperature, or texture of the skin from side to side. Treatment to date has included Norco, Anaprox, Prilosec and Nucynta (which the patient had been taking since at least January 2014). The provider also mentioned that the patient was at high risk for abuse and dependency on opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75 mg #180: 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 (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: 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 for documentation of the clinical use of these controlled drugs. In this case, patient has been prescribed Nucynta since at least January 2014. There is no indication of an effort to use the lowest possible dose of opioid. There is also lack of compelling clinical evidence documenting subjective, objective and/or functional improvement as a direct result of use of this medication. Moreover, the provider indicated in prior reports that the patient was at high risk for abuse and dependency on opioids. The medical necessity for continued use is not established because the guideline criteria are not met. Therefore, the request for Nucynta 75 mg #180 is not medically necessary.