MAXIMUS Federal Services

Case Number:	CM14-0166006		
Date Assigned:	10/13/2014	Date of Injury:	03/02/2012
Decision Date:	03/13/2015	UR Denial Date:	09/17/2014
Priority:	Standard	Application Received:	10/08/2014

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. 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, Arizona
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 is a 40-year-old female who reported an injury on 03/02/2012, due to hitting her right knee on a medicine cart that she was pushing. The injured worker's medications included trazodone 50 mg 1 to 2 at night, Zanaflex dosage and frequency not stated, Klonopin dosage and frequency not stated, Gralise 600 mg 4 once per day, Nucynta extended release 250 mg once every 12 hours, venlafaxine extended release 150 mg once a day and morphine 30 mg every 4 hours. The injured worker has a history of depression and high risk for addiction. The injured worker underwent spinal cord stimulator implantation in 06/2013 followed by revision in 06/2014. The injured worker was evaluated on 07/28/2014. It was documented that the injured worker had an average pain level of 7/10 to 9/10. It was noted that the injured worker's current medication regimen was managing the injured worker's pain levels without significant side effects. The injured worker's diagnoses included internal derangement of the knee, chronic pain due to trauma, chronic postoperative pain and causalgia of the lower limb. The injured worker was monitored for aberrant behavior with urine drug screens. The injured worker's treatment plan included continuation of medications. No Request for Authorization was submitted to support the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg Qty: 60 day supply: 30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG-TWC)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The requested Nucynta ER 250 mg quantity 60 days, supply 30 is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by documented functional benefit, evidence of pain relief, evidence that the patient is monitored for aberrant behavior and indications of any side effects. The clinical documentation does indicate that the injured worker does not suffer from any side effects related to medication usage. The clinical documentation does support that the injured worker has been on this medication since at least 03/2014. The injured worker's clinical evaluation does indicate that the injured worker does have pain relief and functional benefit resulting from medications. The clinical documentation also indicates that the injured worker is monitored for aberrant behavior with urine drug screens. However, the request does not include a frequency of use. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested Nucynta ER 250 mg quantity 60 days, supply 30 is not medically necessary or appropriate.