MAXIMUS Federal Services

Case Number:	CM14-0218903		
Date Assigned:	01/08/2015	Date of Injury:	03/31/1999
Decision Date:	03/06/2015	UR Denial Date:	12/05/2014
Priority:	Standard	Application Received:	12/30/2014

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 54 year old male with a date of injury as 03/31/1999. The cause of the injury was not included in the documentation received. The current diagnoses include chronic pain syndrome, pain in joint-shoulder, pain in joint-pelvic, lumbago, and spasm of muscle. Previous treatments include medications. Primary treating physician's reports dated 03/06/2014 through 10/16/2014 were included in the documentation submitted for review. Report dated 10/16/2014 noted that the injured worker presented with complaints that included continued symptoms of pain and the injured worker reported that medications help with pain symptoms but they do not last all day. Pain level was reported as 6 out 10, and decreases to 3 out of 10 with medications. Physical examination revealed frequently shifting position while sitting and lies down frequently. The physician further noted that the injured worker appeared comfortable during this date of service and had no expressions of pain. Transfers and gait were normal. The injured worker reported that the current regimen of medications helps him to sit for 20 minutes, stand for 20 minutes, and he can walk for about 25-30 minutes continuously. It was further documented that the injured worker can carry less than 10 pounds. The physician documented that the injured worker is unable to demonstrate evidence of functional gain occurring as a result of the use of medication. The injured worker asked for an increase in medication so that his pain level can remain closer to 3 out of 10, noting that he has 60% improvement with medications. Current medication regimen consists of lisinopril, simvastatin, fluticasone, albuterol sulfate, Qvar, Pepcid, sertraline, Lyrica, and Nucynta. Documentation supports that the injured worker has been taking Nucynta since approximately 03/06/2014. The injured worker stated that he

cannot return to work because he is afraid that it will increase his pain. The injured worker is not currently working. The utilization review performed on 12/05/2014 non-certified a prescription for Nucynta based on medical necessity of guidelines. The reviewer referenced the Official Disability Guidelines in making this decision.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg quantity 60: 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)

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

Decision rationale: The request for Nucynta 50mg quantity 60 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include documentation of pain relief, functional status, side effects and appropriate medication use with use of random drug screening as needed to verify compliance. The guidelines specify that an adequate pain assessment should include the current pain level, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how it long it takes for pain relief and how long the pain relief lasts. The injured worker has been taking Nucynta 50 mg since approximately 03/06/2014. There was no quantified information regarding pain relief, including a detailed assessment with the current pain on a VAS, average pain, intensity of pain, or longevity of pain relief. There was a lack of documentation regarding adverse effects and evidence of consistent results of urine drug screens to verify appropriate medication use. In the absence of this documentation, the ongoing use of Nucynta 50mg quantity 60 is not supported by the guidelines. As such, the request is not medically necessary.