

Case Number:	CM15-0102780		
Date Assigned:	06/05/2015	Date of Injury:	04/08/2010
Decision Date:	07/08/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/28/2015

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: Maryland, Texas, Virginia

Certification(s)/Specialty: Internal Medicine, Allergy and Immunology, Rheumatology

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 59-year-old female who sustained an industrial injury on April 8, 2010. She has reported a back injury and has been diagnosed with backache not otherwise specified. Treatment has included medications, medical imaging, injection, and physical therapy. On inspection of the lumbar spine revealed a loss of normal lordosis with straightening of the lumbar spine. Range of motion was restricted with flexion limited to 50 degrees limited by pain, extension limited to 10 degrees limited by pain. On palpation, paravertebral muscles, spasm was noted on both the sides. Lumbar facet loading was positive on both sides. The treatment request included Nucynta 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg #90: 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
Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, pain relief, increased level of function, or improved quality of life. The patient subjective pain rating has progressively worsened, indicating that this regimen is not appropriate. The medical records do not support continued treatment per guidelines and weaning should occur. As such, the request for Nucynta 50mg #90 is not medically necessary.