

Case Number:	CM15-0012125		
Date Assigned:	01/29/2015	Date of Injury:	05/25/1978
Decision Date:	03/24/2015	UR Denial Date:	01/09/2015
Priority:	Standard	Application Received:	01/21/2015

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: North Carolina, Georgia
 Certification(s)/Specialty: Family Practice

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 69 year old male, who sustained an industrial injury on 05/25/1978. He has reported pain in the cervical spine, right side lumbar spine, right buttocks, bilateral legs, and left arm/left hand. The diagnoses have included cervical disc degeneration; cervical radiculitis; lumbar/lumbosacral disc degeneration; and postlaminectomy syndrome, lumbar. Treatment to date has included medications, chiropractic, acupuncture, steroidal injections, physical therapy, and surgical interventions. Medications have included Nucynta, Fentanyl Patch, and Zanaflex. A progress note from the treating physician, dated 12/30/2014, documented a follow-up visit with the injured worker. The injured worker reported increased left shoulder pain with shooting pain into the neck; unchanged pain on the right side and increased pain in the left arm/left hand; medications help manage his pain and increase ability to function. Objective findings included tenderness to palpation over the right and left lumbar and thoracic facets; right and left paravertebral thoracic and lumbar spasm; pain with lumbar range of motion; and bilateral leg swelling. The treatment plan has included continuation and request for medications; use ice and moist heat for pain control; and follow-up evaluation in one month. On 01/09/2015 Utilization Review noncertified a prescription for Fentanyl 25 mcg/hour #15; and a prescription for Nucynta 50 mg #90. The CA MTUS was cited. On 01/14/2015, the injured worker submitted an application for IMR for review of a prescription for Fentanyl 25 mcg/hour #15; and a prescription for Nucynta 50 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fentanyl 25mcg/hour #15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Fentanyl, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. A recent drug screen consistent with prescribed medication use is provided and an updated pain contract is submitted. The record does support medical necessity of ongoing opioid therapy with Fentanyl.

Nucynta 50mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2 Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Nucynta, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does use validated method of recording the response of pain to the opioid medication and documents functional improvement. It does address the efficacy of concomitant medication therapy. A recent drug screen consistent with prescribed medication use is provided and an updated pain contract is submitted. The record does support medical necessity of ongoing opioid therapy with Nucynta.