

Case Number:	CM15-0013629		
Date Assigned:	02/02/2015	Date of Injury:	06/12/2011
Decision Date:	03/26/2015	UR Denial Date:	12/23/2014
Priority:	Standard	Application Received:	01/23/2015

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: California

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 35 year old male, who sustained an industrial injury on June 12, 2011. He has reported several hundred pounds of menu board fell on his right hand sustaining a crush injury to his and was yanked into the wall causing injuries to his neck, right shoulder and right hand as well as hitting head. The diagnoses have included amputation of tips of finger, degenerative changes right shoulder, dysfunction, depression, anxiety, post-traumatic stress syndrome and back strain. Treatment to date has included amputation of digits of the right upper extremity and has Definition of Reflex sympathetic dystrophy (RSD), physical therapy, desensitization and mirror therapy, occupational therapy, pain medication. Currently, the injured worker complains of right upper extremity pain, neck pain and stiffness and is worse with weather changes and turning head, tingling and numbness of right arm. In a progress note dated December 11, 2014, the treating provider reports protective of right upper extremity which is old brace and wraps some minor vaso motor changes and sensation impossible to test. On December 22, 2014 Utilization Review non-certified a Nucynta 75mg quantity 60, noting, Official Disability Guidelines was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use Of Opioids Medications for chronic pain Page(s): 76-78, 88-89, 60-61.

Decision rationale: According to the 12/11/2014 report, this patient presents with right neck, right shoulder and right hand pain. Per this report, the current request is for Nucynta 75 mg #60. This medication was first mentioned in the 07/15/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate use, MTUS Guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least one every six months, documentation of the 4 A's (analgesia, ADL's, adverse side effects, adverse behavior) is required. Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. In reviewing the provided reports, the treating physician mentions that the patient reported "medications decreased pain from 10 to 8-9." ADLs are mention as "pain when walking." The patient "requested help with his chores, laundry, making the bed, grocery shopping." In this case, the reports show documentation of pain assessment but no before and after analgesia is provided. ADL's are mentioned as above but no documentation as to how this medication is significantly improving the patient's ADL's and daily function. The treating physician does not discuss outcome measures as required by MTUS. No valid instruments are used to measure the patient's function which is recommended once at least every 6 months per MTUS. UDS was not obtained. No discussion regarding other opiates management issues such as CURES and behavioral issues. The treating physician has failed to clearly document analgesia, ADL's, Adverse effects and Adverse behavior as required by MTUS. The request IS NOT medically necessary.