

Case Number:	CM15-0112459		
Date Assigned:	07/22/2015	Date of Injury:	03/31/2005
Decision Date:	08/19/2015	UR Denial Date:	05/27/2015
Priority:	Standard	Application Received:	06/10/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 60 year old male, who sustained an industrial injury on March 31, 2005. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having failed right total knee replacement with residual pain, instability, and arthrofibrosis; left internal derangement; status post arthroscopy with residual pain and meniscal injury; status post lumbar one to two compression fractures with wedging; lumbar two through five moderate-to-severe spinal stenosis; and rapid dental decay secondary to narcotics and chronic pain. Treatment and diagnostic studies to date has included magnetic resonance imaging of the lumbar spine, x-rays of the lumbar spine, x-ray of the right knee, above noted procedures, and use of a cane. In a progress note dated May 01, 2015 the treating physician reports complaints of severe pain to the lumbar spine that radiates to the right lower extremity. Examination reveals stiff and restricted gait, right thigh atrophy, left knee tenderness, joint effusion, stiff range of motion to the lumbar spine with pain, pain with minimal straight leg raise, and dysesthesia to the lateral calf on the right. The injured worker's medication regimen included Nucynta ER. The treating physician noted that the injured worker's medication regimen has assisted the injured worker by allowing him to be active and without use of this medication his activity level decreases secondary to severe pain, but the documentation provided did not indicate the injured worker's pain level as rated on a pain scale prior to use of his medication regimen and after use of his medication regimen to indicate the effects with the use of the injured worker's medication regimen. Also, the documentation provided did not indicate if the injured worker experienced any functional

improvement with use of his medication regimen. The treating physician requested Nucynta ER 150mg for ongoing pain and a right left four to five transforaminal epidural steroid injection, but the documentation provided did not contain the specific reason for the requested injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for radiating low back pain. Nucynta ER is referenced as allowing him to remain active and with severe pain and decreased activity without it. When seen, there was a stiff gait with use of a cane. Pain was radiating into the right lower extremity. There were right lower extremity dysesthesias. An MRI of the lumbar spine showed multilevel mild to moderate foraminal stenosis. There was lumbar stiffness and pain with straight leg raising. Prior assessments reference decreased left lower extremity strength due to knee pain. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Nucynta ER is a sustained release opioid used for treating baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse or addiction and medications are providing an improved activity level with severe pain and decreased activity when not being taken. The total MED is less than 120 mg per day consistent with guideline recommendations. Continued prescribing was medically necessary.

1 right L4-5 transforaminal epidural steroid injection: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural steroid injections (ESIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Epidural steroid injections Page(s): 46.

Decision rationale: The claimant has a remote history of a work-related injury and is being treated for radiating low back pain. Nucynta ER is referenced as allowing him to remain active and with severe pain and decreased activity without it. When seen, there was a stiff gait with use of a cane. Pain was radiating into the right lower extremity. There were right lower extremity dysesthesias. An MRI of the lumbar spine showed multilevel mild to moderate foraminal stenosis. There was lumbar stiffness and pain with straight leg raising. Prior assessments reference decreased left lower extremity strength due to knee pain. Criteria for the use of epidural steroid injections include that radiculopathy be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing. In this case, the claimant's provider documents abnormal right lower extremity sensation and the

claimant is having radicular symptoms. Imaging shows multilevel foraminal stenosis. The criteria are met and the requested epidural steroid injection can be considered medically necessary.