

Case Number:	CM15-0128476		
Date Assigned:	07/14/2015	Date of Injury:	03/17/2013
Decision Date:	08/13/2015	UR Denial Date:	06/24/2015
Priority:	Standard	Application Received:	07/02/2015

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, 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 43-year-old male, who sustained an industrial injury on 3/17/2013. The mechanism of injury was not noted. The injured worker was diagnosed as having chronic low back pain, discogenic low back pain with radicular symptoms in both legs, facetogenic low back pain, spinal stenosis, and neck pain with headaches. Treatment to date has included diagnostics, epidural steroid injections, and medications. Per the most recent progress report (1/20/2015), the injured worker complains of neck and low back pain, with radiation to the left shoulder, head, and down both legs. He was taking Norco, Naproxen, and Flexeril. His pain levels were 8/10 with medication use and 9/10 without. Tramadol ER was dispensed, along with Cambia. Urine toxicology on 12/02/2014 was documented as negative for Norco. He received a C6-7 interlaminar epidural steroid injection on 3/24/2015 and bilateral S1 transforaminal epidural steroid injections on 1/06/2015. A recent progress report, regarding the use of Nucynta ER, was not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #60 (may fill 07/09/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Nucynta ER, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is indication that the medication is improving the patient's function and pain without intolerable side effects or aberrant use. However, it is noted that the utilization reviewer certified a prescription for the same medication and it appears that the current request was to be filled approximately one month after the office visit, which is not conducive to regular reevaluation for efficacy and continued need as recommended by the guidelines. As such, there is no clear indication for the current request. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta ER is not medically necessary.