

Case Number:	CM15-0026488		
Date Assigned:	02/19/2015	Date of Injury:	08/09/2001
Decision Date:	04/02/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	02/12/2015

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

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

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 08/09/2001. The diagnoses have included status post anterior cervical discectomy and fusion at C5-6 and C6-7 on 08/19/2003 with development of a nonunion at C6-7, status post posterior fusion with instrumentation at C6-7, status post repair of type 2 superior labral tear from anterior to posterior lesion with arthroscopic subacromial decompression and placement of pain pump catheter in subacromial space, intractable pain syndrome, history of fibromyalgia, and cervical myospasms. Noted treatments to date have included surgeries, cervical epidural steroid injection, interferential unit, and medications. Diagnostics to date have included MRI of the cervical spine on 04/04/2014 which showed extensive post-surgical changes with 2mm posterior lateral herniation extending into left neural foramen on left side at C6-7, 2mm disc protrusion into neural foramen right side at C4-5, and minimal spinal stenosis noted at C3-4 and C4-5 per progress note. In the same progress note dated 01/14/2015, the injured worker presented with complaints of persistent headaches, neck pain, and bilateral upper extremity pain. The treating physician reported the injured worker's pain level as an 8-9/10 in intensity, but is reduced to a 5/10 with use of her medications. Utilization Review determination on 02/02/2015 modified the request for Nucynta 100mg #120 and Oxymorphone HCL ER 30mg #60 to for Nucynta 100mg #90 for weaning purposes and Oxymorphone HCL ER 30mg #40 citing Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 MG #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Nucynta 100 MG #120 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function, pain or return to work. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request continued use of Nucynta is not medically necessary.

Oxymorphone HCL ER 30 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing management Page(s): 78-80.

Decision rationale: Oxymorphone HCL ER 30 MG #60 is not medically necessary per the MTUS Chronic Pain Medical Treatment Guidelines. The MTUS Chronic Pain Medical Treatment Guidelines state that a 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 MTUS does not support ongoing opioid use without improvement in function, pain or return to work. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement therefore the request continued use of oxymorphone is not medically necessary.