

Case Number:	CM15-0039997		
Date Assigned:	03/10/2015	Date of Injury:	09/24/2010
Decision Date:	05/07/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	03/03/2015

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, Washington

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 50-year-old female who reported an injury on 09/24/2010. The injured worker reportedly suffered a lower extremity injury when pushing a TV. The current diagnosis is chronic pain syndrome. The injured worker presented on 02/05/2015 for a followup evaluation with complaints of persistent pain in the lower back and the bilateral lower extremities. In addition, the injured worker reported upper thoracic pain as well as bilateral shoulder pain and numbness in the hands. The injured worker was utilizing Butrans, Nucynta ER, Zanaflex, Neurontin, and Norco. The injured worker has also been previously treated with several sessions of acupuncture and physical therapy. Upon examination, there was severely limited range of motion with 10 degrees flexion, 0 degrees extension, 5 degrees right side bending, and 10 degrees rotation. The injured worker was unable to stand on her heels and toes. The injured worker also had giveaway weakness in all major myotomes of the lower extremities and reported decreased sensation to light touch and pinprick in all major dermatomes in the right lower extremity. Recommendations included continuation of the current medication regimen. A Request for Authorization form was submitted on 02/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg Qty: 30.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta).

Decision rationale: Official Disability Guidelines recommend Nucynta only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the injured worker has continuously utilized the above medication since 09/2014. There was no mention of intolerable adverse effects with first line opioids. There is also no evidence of objective functional improvement. The request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.

Nucynta IR 100mg Qty: 60.00: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chronic Pain Chapter, Tapentadol (Nucynta).

Decision rationale: Official Disability Guidelines recommend Nucynta only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the injured worker has continuously utilized the above medication since 09/2014. There was no mention of intolerable adverse effects with first line opioids. There is also no evidence of objective functional improvement. The request as submitted failed to indicate a frequency. Given the above, the request is not medically appropriate.

Zanaflex 4 mg Qty: 60.00: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63-66.

Decision rationale: California MTUS Guidelines state muscle relaxants are recommended as non-sedating second line options for short term treatment of acute exacerbations. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker has continuously utilized the above medication for an unknown duration. Guidelines do not support long term use of muscle relaxants. There is also no frequency listed in the request. As such, the request is not medically appropriate.