MAXIMUS Federal Services

Case Number:	CM15-0062789		
Date Assigned:	04/09/2015	Date of Injury:	02/15/2011
Decision Date:	05/12/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	04/02/2015

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: New Jersey, Michigan, California
Certification(s)/Specialty: Neurology, 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 58-year-old female, who sustained an industrial injury on February 15, 2011, incurring injuries to her right shoulder. She was diagnosed with complex regional pain syndrome. Treatment included pain management. Currently, the injured worker complained of persistent shoulder pain affecting her activities of daily living. The treatment plan that was requested for authorization included prescriptions for Nucynta ER and Phentermine.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg Rx 3/5/15 Not valid before 4/3/15: 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), Pain chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 70-76.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework."In this case, the patient is trialing a new long-acting opiate: Levorphanol. If this ends up being more beneficial, the refill of Nucynta ER won't be medically necessary. Therefore, the prescription of Nucynta ER 250mg Rx 3/5/15 Not valid before 4/3/15 is not medically necessary at this time.

Phentermine 37.5mg Rx 3/5/15: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Phentermine (Rx) - Adipex P, Suprenza. Medscape. http://reference.medscape.com/drug/adipex-p-phentermine-343002.

Decision rationale: According to Medscape, Phentermine (Rx), "Short-term (few weeks) adjunctive use as part of weight-reduction regimen based on exercise, behavioral modification, and caloric restriction in management of exogenous obesity for patients with initial body mass index (BMI) 30 kg/m or 27 kg/m in presence of other risk factors (eg, controlled hypertension, diabetes, hyperlipidemia)."There is no clear evidence that the patient was suffering from obesity. There are no controlled studies supporting the safety and efficacy of Phentermine for the treatment of obesity. Therefore, the request for Phentermine 37.5mg Rx 3/5/15 is not medically necessary.