MAXIMUS Federal Services

Case Number:	CM15-0069585		
Date Assigned:	04/17/2015	Date of Injury:	04/01/2009
Decision Date:	05/18/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/13/2015

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: Arizona, California
Certification(s)/Specialty: Family Practice

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 32 year old female, who sustained an industrial injury on April 1, 2009. She reported that while sitting on the floor taking pictures she pushed herself backwards with pain in the right wrist and hand. The injured worker was diagnosed as having Complex Regional Pain Syndrome (CRPS) right hand and arm, status post spinal cord stimulator, major depression /anxiety disorder, chronic myofascial pain syndrome, cervical and thoracic spine, moderate to severe due to use of spinal stimulator. Treatment to date has included biofeedback, psychological counseling, occupational therapy, physical therapy, stellate ganglion block, spinal cord stimulator, and medication. Currently, the injured worker complains of frequent neck, upper back, and lower back pain as well as intractable pain in her right hand and arm. The Treating Physician's report dated January 7, 2015, noted the injured worker reported greater than 70-80% improvement in her pain and functional ability with her current medications. The injured worker was noted to be under the care of a psychiatrist for her depression, anxiety, and sleep issues, which are severe. Physical examination was noted to show cervical spine and thoracic spine range of motion (ROM) slightly restricted in all planes, with multiple myofascial trigger points and taught bands noted throughout the cervical paraspinal, trapezius, levator scapular, scalene, and infraspinatus musculature as well as the thoracic paraspinal musculature. Diffuse tenderness was noted around the right wrist upon palpation, with sensation to fine touch and pinprick decreased in all digits of the right hand. The treatment plan was noted to include requests for authorization for medication including Methadone, Nucynta, Norco, Colace, Buspirone, and Zoloft, and a urine drug screen (UDS).

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Integrated Treatment/Disability Duration Guidelines, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: In this case, the claimant had been on numerous opioids including Nucynta, Methadone, and Norco. The total morphine equivalent per day exceeded the guideline recommendations of 120 mg. The claimant had been on the medications for several months. There is no indication of a weaning attempt. The pain control attributed to Nucynta cannot be determined. There was no indication for multiple opioids and the Nucynta is not medically necessary.