

Case Number:	CM15-0071267		
Date Assigned:	04/21/2015	Date of Injury:	11/13/2007
Decision Date:	05/19/2015	UR Denial Date:	03/27/2015
Priority:	Standard	Application Received:	04/14/2015

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, Alabama, 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 was a 67 year old female, who sustained an industrial injury, November 13, 2007. The injured worker previously received the following treatments Norco, Nucynta, Gabapentin, Hydrocodone, Naproxen, Skelaxin, Lidoderm Patches, Prilosec, Voltaren gel, Amitriptyline, Terocin Lotion, random toxicology laboratory studies, heat, ice, home exercise program and massage. The injured worker was diagnosed with RSD (reflex sympathetic dystrophy), chronic pain syndrome, myalgia and myositis and wrist pain. According to a progress note from April 8, 2015, the injured workers chief complaint was left wrist pain with burning. The injured worker felt the medications were helping to improve the quality of life. The Nucynta helped decrease the chronic pain caused by the RSD. The injured worker rated the pain at 9 out of 10 without pain medication and 5-6 out of 10 with pain medication; 0 being no pain and 10 being the worse pain. The physical exam noted grip strength was 4 out of 5 on the left and 5 out of 5 on the right. There was hyperesthesia of the left hand. The treatment plan included a prescription for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 150mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

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. There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. Although, the provider reported some pain improvement with previous use of Nucynta, there is no clear objective documentation of functional improvement. There is no documentation of intolerance of first line opioids. There is no recent evidence of compliance with medications. Therefore, the prescription of Nucynta 150mg #60 is not medically necessary.