

Case Number:	CM15-0076164		
Date Assigned:	04/27/2015	Date of Injury:	08/04/2010
Decision Date:	05/26/2015	UR Denial Date:	04/08/2015
Priority:	Standard	Application Received:	04/21/2015

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

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 46-year-old female, who sustained an industrial/work injury on 8/4/10. She reported initial complaints of low back and right leg pain. The injured worker was diagnosed as having lumbar laminectomy syndrome. Treatment to date has included medication, surgery (L5-S1 global fusion with metallic hardware, right S1 joint fusion on 7/15/14), acupuncture, nutritionist, and physical therapy. MRI results were reported on 2/23/12 and 9/27/13. X-Rays results were reported on 2/28/13. Currently, the injured worker complains of intractable chronic right leg and lumbar pain that is reported 8/10 without medication and 5/10 with medication. Per the primary physician's progress report (PR-2) on 3/31/15, examination revealed pain over the facet joints, worsened with loading maneuvers. Current plan of care included scheduled lumbar hardware removal on 4/7/15 and medication. The requested treatments include Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Nucynta, California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is some pain relief noted with the use of opioids from 8/10 to 5/10, with the average pain over the previous month noted to be 7/10. It appears that the patient's ability to function is not improved with opioid use, as the same abilities are listed with and without medication use. As such, there is no clear indication for ongoing use of opioids. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta is not medically necessary.