

<b>Case Number:</b>	CM15-0078340		
<b>Date Assigned:</b>	04/29/2015	<b>Date of Injury:</b>	04/24/2008
<b>Decision Date:</b>	05/28/2015	<b>UR Denial Date:</b>	04/13/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	04/23/2015

### 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: Emergency 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 63 year old male injured worker suffered an industrial injury on 04/24/2008. The diagnoses included left foot arthritis and osteomyelitis with equine varus foot deformity, diabetes, hypertension and depression. The injured worker had been treated with orthopedic surgeries and medications. On 3/30/2015 the treating provider reported the injured worker receiving 16 hours of home care assistance. The injured worker is pending ankle fusion. The injured worker was almost wheelchair bound per the provider. The provider reported the blood pressure had been difficult to control with only Lisinopril. However, review of records show that patient has been stable with blood pressures of 150-140s/100-90s in last few office visits. There is documentation of poor compliance with medications especially diabetes medication. The Lisinopril 20mg was discontinued and Azor was prescribed. The treatment plan included Nucynta and Azor.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 75 mg, thirty count:** 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 Opioids  
Page(s): 76-78.

**Decision rationale:** Nucynta is a Mu-agonist, an opioid-like medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. MTUS guidelines recommend short-term use of opioids. Documentation does not meet the appropriate documentation. Patient has been on chronic opioids with no documented improvement in pain or function. There is no documented VAS pain scale or assessment for abuse or side effects. Nucynta is not medically necessary.

**Azor 5/20 mg, thirty count:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines  
Page(s): 68 - 69.

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Diabetes, Hypertension Treatment.

**Decision rationale:** Azor is amlodipine/olmesartan medoxomil, a combination blood pressure medication. MTUS Chronic pain and ACOEM Guidelines do not have any sections that relate to this topic. As per Official Disability Guidelines, hypertension should be treated especially when patient has diabetes. Patient has been on lisinopril for several months and has 2 documented blood pressures. Last blood pressure documented is 150s/100s, which is considered decent if not ideal blood pressure control. Patient is noted to be Lisinopril 20mg once a day. There is documentation of poor medication compliance. The dose of lisinopril has yet to be maximized (maximum dose is 40mg per day), there is no documentation of compliance with medication use and there is no documentation of why patient requires a combination medication instead of an additional single medication to be added on current lisinopril. The provider has not documented treatment failure with lisinopril and has not provided rationale as to why patient needs a combination medication. Azor is not medically necessary.