

Case Number:	CM15-0097944		
Date Assigned:	06/16/2015	Date of Injury:	02/02/2011
Decision Date:	07/16/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	05/20/2015

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: Preventive Medicine, Occupational 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 56-year-old male, who sustained an industrial injury on 2/2/11. The injured worker has complaints of back pain. The documentation noted on examination of the low back that there was 2+ left and right patella deep tendon reflex and 1+ left Achilles and 2+ right Achilles. The diagnoses have included cervical sprain/strain; thoracic spine sprain/strain; lumbar sprain/strain and lumbar vertebra herniated nucleus pulposus (HNP) L4/5, left side. Treatment to date has included nucynta; magnetic resonance imaging (MRI) of the lumbar spine on 3/24/11 showed potential small posterior annular tear at the L4-5 level potentially impinging the transiting left L5 nerve root and additional mild multilevel degenerative changes; magnetic resonance imaging (MRI) of the cervical spine on 2/22/11 showed disk bulge/osteophyte complex at C5-6 with mild central canal narrowing but severe left and moderate-to-severe right foraminal stenosis and lesser degrees of bulges at C3-4 and C4-5. The request was for Nucynta ER 200mg #240 x 1 refill.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg #240 x 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Section Weaning of Medications Section Page(s): 74-95, 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, there is no documentation of analgesia, presence of lack of side effects, abuse, or functional improvement with prior use of Nucynta. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Nucynta ER 200mg #240 x 1 refill is determined to not be medically necessary.