

Case Number:	CM14-0105849		
Date Assigned:	07/30/2014	Date of Injury:	07/26/1999
Decision Date:	11/21/2014	UR Denial Date:	07/02/2014
Priority:	Standard	Application Received:	07/08/2014

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. The expert reviewer is Board Certified in Orthopedic Surgeon and is licensed to practice in Ohio. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 69 year old female with a date of injury of 7/26/2009. She complains of severe low back pain radiating into the right lower extremity. She has had previous back surgery of unknown date. An MRI of the lumbar spine reveals hemilaminectomy defects of L3-L4, L4-L5, and L5-S1 with posterolateral epidural adhesive changes, moderate facet hypertrophy, and bilateral stenosis at L3-L4. The physical exam reveals an antalgic gait, diminished lumbar range of motion, diffuse atrophy of the right thigh and calf, and diminished light touch sensation of the lateral right calf and bottom of the foot. Her diagnoses are lumbar degenerative disc disease, prior back surgery, prior carpal/metacarpal joint replacement, and systemic Lupus. She presents to the current treating physician stating that Nucynta was previously the most effective pain medication yet prescribed to her (previous physician?), reducing her pain by 50% and increasing her functionality by 50%. She also takes Topomax to help with the burning aspect of her pain. A lumbar epidural steroid injection has been recommended. A pain contract is on file and urine drug testing has been appropriate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 74-96.

Decision rationale: The referenced guidelines suggest that for those receiving opioids for chronic pain that there be ongoing assessment of pain relief, functionality, medication side effects, and any aberrant drug taking behavior. Opioids may be continued if the injured worker returns to work or if there is improvement in pain and functionality as a consequence of the opioids. In this instance, appropriate monitoring is occurring and there are improvements in pain and functionality as a result of the opioids. Therefore, Nucynta 75mg #120 is medically appropriate and necessary, per the referenced guidelines.