MAXIMUS Federal Services

Case Number:	CM14-0141118		
Date Assigned:	09/10/2014	Date of Injury:	09/11/2009
Decision Date:	09/14/2015	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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:

This injured worker is a 62 year old female, who reported an industrial injury on 9-11-2009. Her diagnoses, and or impression, were noted to include: lumbar disc disorder, radiculopathy and stenosis; lumbar-lumbosacral disc degeneration; back pain; and mood disorder. No current electrodiagnostic or imaging studies were noted. Her treatments were noted to include: injection therapy; H-wave therapy; home exercises; medication management with toxicology studies; and rest from work. The progress notes of 7-17-2015 reported complaints of unchanged back pain that radiated from the low back, down both legs, and a lower backache; unchanged quality of sleep; unchanged activity levels; and that her case finally settled, though she would be made to wait a couple more months to sign the paperwork, and that she was awarded future medical. Objective findings were noted to include: the notation of mild pain; a right-sided antalgic gait without use of an assistive device; tenderness on the right cervical spine that was with restricted range-of-motion; tenderness to the bilateral lumbar para-vertebral muscles and spinous process, with painful and restricted range-of-motion, decreased bilateral ankle and patellar jerks, and tenderness over the bilateral glutes; and decreased motor strength and sensation on the right. The physician's requests for treatments were noted to include continuing all current medications at their current doses; her current medications were noted to include Nucynta Extended Release. Also noted was the note of consideration to change Nucynta to something else in the future due to an anticipated extended stay in the [redacted] once her case was settled; because it was said to not be available there.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg, #60 (unspecified days supply): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Guidelines Nucynta.

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 form the patient's file of functional improvement with previous use of Nucynta. The progress report dated July 17, 2015 reported complaints of unchanged back pain that radiated from the low back, down both legs, and a lower backache; unchanged quality of sleep, and unchanged activity levels. In addition, according to the documents presented for review, it has been recommended for the patient to change Nucynta to something else in the future due to an anticipated extended stay in the [redacted] (since the medication is not available in the [redacted]). Therefore, the prescription of Nucynta ER 50mg #60 is not medically necessary.