

Case Number:	CM13-0002585		
Date Assigned:	06/06/2014	Date of Injury:	12/17/1999
Decision Date:	08/06/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/22/2013

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 Occupational Medicine and is licensed to practice in Occupational Medicine. 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:

Patient is a 64 year-old male with date of injury 12/17/1999. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 05/23/2013, lists subjective complaints as low back pain that radiates into the bilateral lower extremities. Objective findings: Examination of the lumbar spine revealed tenderness in the bilateral lumbosacral junction and decreased range of motion. Sensory exam revealed hyperesthesia in the left L5 and S1 dermatomes. Straight leg test was negative, bilaterally. Diagnosis: residual low back pain following lumbar laminectomy and discectomy at L4-5 and L5-S1 2. Left lower extremity radiculopathy with numbness and weakness in the left lower extremity 3. Cervical spine sprain/strain with multilevel cervical degenerative disc disease 4. Right ankle pain, non-industrial. Medications include, Nucynta IR 75, #90 SIG, Fentanyl 50mg #15 SIG.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA IR 75 TID PRN, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Tapentadol (Nucynta).

Decision rationale: According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current narcotic regimen.

FENTANYL 50MCG, #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last year. Prior authorization of this medication was given in sufficient quantity to institute a weaning schedule.