

<b>Case Number:</b>	CM13-0018432		
<b>Date Assigned:</b>	12/11/2013	<b>Date of Injury:</b>	08/06/2001
<b>Decision Date:</b>	01/28/2014	<b>UR Denial Date:</b>	08/23/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/29/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 6, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of acupuncture; prior lumbar spine surgery; attorney representation; SI joint injection; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; epidural steroid injection; psychotropic medications; and extensive periods of time off of work. The applicant has apparently been given permanent work restrictions which have resulted in her removal from the workplace. In a utilization review report of August 23, 2013, the claims administrator partially certified a request for Nucynta, non-certified a request for Colace, certified a request for Lidoderm, certified a request for Norco, and certified a request for Savella. The applicant's attorney later appealed. A clinical progress note of November 6, 2013 is somewhat difficult to follow, mingles old complaints with current complaints, is not clearly dated, and is notable for comments that the applicant reports pain ranging 1/10 to 7/10 with associated stiffness about the low back. 4 to 4+/5 lower extremity strength is noted. The applicant weighs 107 pounds. There is some evidence of hypo sensorium noted on the left leg. No changes are made in the medications. The applicant carries a diagnosis of chronic low back pain superimposed on psychological issues with headaches, depression, and adjustment disorder. She is given refills of Colace, Lidoderm, Norco, Nucynta, Prilosec, and Savella. A later note of December 5, 2013, is again notable for comments that the applicant is given refills of Colace, Lidoderm, Norco, Nucynta, Prilosec, and Savella. The applicant is described as having pain and disability associated with an injury. She is described as essentially unchang

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100 mg, #60:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

**Decision rationale:** As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain affected through ongoing opioid usage. In this case, however, there is no evidence that the applicant meets the aforementioned criteria. There is no evidence of pain reduction as a result of ongoing opioid usage. There is no evidence that the applicant has returned to work. The applicant is consistently described as having persistent complaints of pain and disability on multiple progress notes in November and December 2013. It does not appear that the applicant's ability to perform non-work activities of daily living has been ameliorated as a result of Nucynta usage. Therefore, the request is not certified

**Docusate Sodium 250 mg, #60:** Overturned

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77,80.

**Decision rationale:** The applicant is an individual using several opioids including Nucynta and Norco. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, prophylactic treatment of constipation should be initiated in applicants who are given concomitant prescriptions for opioids. In this case, as noted previously, the applicant is using both Nucynta and Norco. Providing Colace, a stool softener, along with the same is indicated and appropriate. Therefore, the original utilization review decision is overturned. The request is certified, on independent medical review.