

Case Number:	CM13-0023013		
Date Assigned:	11/15/2013	Date of Injury:	07/24/2000
Decision Date:	09/12/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/11/2013

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 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 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 patient has a DOI of 7/24/000 Report dated August 20 2013 states the patient has chronic low back pain, status post multiple lumbar fusions, status post spinal cord stimulator implantation. The interim history states the patient is continued intractable lower back pain. The patient was given a toradol shot. The patient had spinal surgery in May 20 4013 and complains of increased pain. The surgery was anterior posterior lumbar fusion with posterior lumbar decompression and instrumented fusion with bone grafting at the L3-4 level. This was the patients 9th surgery. The note from August 20 does not indicate any functional improvement or decrease in pain with the current medication regimen. It appears that this patient is taking this medication for several months. The notes also do not give any indication as to the need for Restoril. Also, the note also the did not indicate the request for physical therapy to progress to a home exercise program.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NUCYNTA 100MG, #180: Upheld

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 Opioids Page(s): 74-83.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a structured program for the prescribing of opioids needs to be implemented starting with a medication agreement, urine drug testing, and frequent evaluation of treatment efficacy, adverse effects, and functional improvement. Equally important is a chronology of pharmacologic treatment trials keeping track of successful and unsuccessful treatments and documentation of side effects/reasons for failure of a drug. As there is no documentation of any this in the medical records supplied, Nucynta 100mg is not medically necessary as it is unclear in the notes whether or not this medication has any analgesic benefit after chronic usage not to mention lack of documentation of failures of other opioids such as mscontin or fentanyl transdermal patch.

PHYSICAL THERAPY EVALUATION FOR HOME EXERCISE PROGRAM

INSTRUCTION: 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 Physical Medicine Page(s): 99. Decision based on Non-MTUS Citation (ODG) Low back-lumbar and thoracic, Physical Therapy.

Decision rationale: CA MTUS does allow for fading of physical medicine treatment and progression to a home exercise program. The patient should have 1-2 visits of physical therapy to transition to a HEP. There is no indication in the records of recent PT, however, if the patient needs re-education of PT, 1-2 sessions would be appropriate to encourage HEP. The request is medically necessary and appropriate.

PRESCRIPTION OF RESTORIL 30MG, #30: Upheld

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 Benzodiazepine Page(s): 24.

Decision rationale: There are no recommendations for Restoril in any of the guidelines reviewed including ODG, ACOEM, MTUS, Chronic Pain Medical Treatment Guidelines. Restoril is a benzodiazepine used to treat anxiety and insomnia. As it is unclear in the medical records provided that there is any clinical benefit, Restoril 30mg #30 is not medical necessary.