

Case Number:	CM13-0030756		
Date Assigned:	11/27/2013	Date of Injury:	01/14/2008
Decision Date:	01/17/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/30/2013

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 Internal Medicine, Pulmonary Diseases 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 patient reported a work related injury on 01/14/2008, mechanism of injury not stated. The patient currently is treated for the following diagnoses: lumbar facet disease, lumbar degenerative disc disease, and lumbar radiculopathy. The clinical note dated 09/26/2013 reports the patient was seen for follow-up under the care of [REDACTED]. The provider documents increasing low back pain complaints and bilateral lower extremity pain from the patient's reports. The provider documents the patient rates his pain at a 10/10. The provider documents the patient currently utilizes Neurontin 300 mg 1 tab by mouth at bedtime and Flexeril 10 mg 1 tab by mouth 2 times a day. Range of motion of the lumbar spine was noted at 60 degrees of flexion, 15 degrees extension, lateral bending 15 degrees, and straight leg raise test was negative bilaterally. Motor strength was 5/5 to the bilateral lower extremities and there was slight decreased sensation, left greater than right. The provider documented tramadol would be discontinued and the patient would be started on Nucynta 75 mg 1 tab by mouth 3 times a day, and prescriptions were rendered for Flexeril and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: The current request is not supported. The clinical documentation submitted for review reports the patient continues to present in significant chronic pain status post a work related injury sustained over 6 years ago. The provider documents a discontinuation of tramadol, and the patient was to begin Nucynta 75 mg 1 tab by mouth 3 times a day. Nucynta is in the short acting opioid classification. California MTUS indicates, "these medications are often used for intermittent or breakthrough pain." The rationale by the provider was not specified in the clinical notes reviewed for the patient to be utilizing a short acting opioid for his 10/10 rate of pain to the lumbar spine; this medication should not be utilized as a first line drug. Given the above, the request for Nucynta 75mg #90 is neither medically necessary nor appropriate.