

Case Number:	CM13-0034981		
Date Assigned:	12/11/2013	Date of Injury:	12/24/2010
Decision Date:	02/11/2014	UR Denial Date:	10/02/2013
Priority:	Standard	Application Received:	10/15/2013

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, has a subspecialty in Pulmonary Disease 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 is a 53-year-old female who reported an injury on 12/24/2010. The patient reportedly sustained injuries to the head, spinal axis, and knees due to an assault and battery. The patient's prior treatments included psychiatric support, acupuncture, chiropractic and physical therapy treatments and medication management. The patient's physical examination findings included restricted cervical range of motion secondary to pain with normal sensation in the bilateral upper extremities. Physical findings to the bilateral knees revealed +1 medial joint line tenderness to palpation of the right and left knee, 1+ crepitus of the left knee, and full range of motion in both knees described as 0 degrees in extension and 135 degrees in flexion. Evaluation of the lumbar spine revealed moderate tenderness to palpation along the T10 through the S1 with limited range of motion secondary to pain. The patient's diagnoses included myofascial sprains of the cervical spine, myofascial sprain of the lumbar spine, history of contusion to both knees with possible internal derangement and a psychiatric diagnosis of posttraumatic stress disorder.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90 dispensed on 8/16/13: 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, Initiating Therapy and Ongoing Management Page(s): 77-78.

Decision rationale: The requested Nucynta 50 mg #90 dispensed on 08/16/2013 was not medically necessary or appropriate. There was no clinical examination by a physician submitted for review for 08/16/2013 to support need for medication management. California Medical Treatment Utilization Schedule recommends the usage of opioids be supported by documentation of functional capabilities, documentation of a quantitative pain assessment, managed side effects, and monitoring for aberrant behavior. The clinical documentation submitted for review does not provide any evidence that the patient has been monitored for aberrant behavior. Additionally, there is no assessment of the patient's pain to provide evidence of necessity for this medication as there is no medical documentation for the requested date of 08/16/2013 to support the need for this medication. As such the requested Nucynta 50 mg #90 dispensed on 08/16/2013 is not medically necessary or appropriate.

Lidoderm 5% #60 dispensed on 7/11/13: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

Decision rationale: The requested Lidoderm 5% #60 dispensed on 07/11/2013 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the use of Lidoderm patches for neuropathic pain be supported by documentation of neuropathic pain. There was no clinical documentation for 07/11/2013 to report that the patient has neuropathic pain complaints that have failed to resolve with other first line treatments. Therefore, the use of a Lidoderm patch would not be indicated. As such, the requested Lidoderm 5% #60 dispensed on 07/11/2013 is not medically necessary or appropriate.