

Case Number:	CM13-0045592		
Date Assigned:	12/27/2013	Date of Injury:	08/08/2009
Decision Date:	06/03/2014	UR Denial Date:	10/10/2013
Priority:	Standard	Application Received:	11/12/2013

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 Hawaii. 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 is a 51 year old male with an original date of injury of 08/08/09 due to an undisclosed mechanism of injury. Neither the specific injury sustained nor the initial treatments rendered were discussed in the documentation provided. It is noted that the patient complained of constant pain in the abdominal wall rated at 5/10 without medications with a diagnosis of post-traumatic neuralgia/causalgia of left paraumbilical area, status post surgery for umbilical hernia, and inguinal hernia. Additional information regarding that injury was not provided. It was also noted that the patient reported injury on 03/27/13 to the left knee when he jumped to avoid a puddle at his workplace. Subsequent documentation indicated a diagnosis of radial tear of the medial meniscus and indicated the patient is awaiting authorization for left knee surgery. The patient reports left knee pain described as sharp and stabbing rated at 5/10 in severity. Current medications include Naproxen, Vicodin, Nucynta, and Hydroxyzine.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 NUCYNTA 75MG: 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), Tapentadol(Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. Additionally, a urine drug screening collect on 7/18/2012, 5/23/2013 had inconsistent results, thus indicating possible diversion or misuse, respectively, which should cause concern and caution for prescribing further opioids. As such, the request for 120 Nucynta 75 mg is not medically necessary.

URINE DRUG SCREEN: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing, Opioids, Page(s): 43, 74-96.

Decision rationale: MTUS states that use of urine drug screening for illegal drugs should be considered before therapeutic trial of opioids are initiated. Additionally, "Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Documentation of misuse of medications (doctor-shopping, uncontrolled drug escalation, drug diversion)." would indicate need for urine drug screening. A urine drug screening collect on 7/18/2012, 5/23/2013 had inconsistent results, thus indicating possible diversion or misuse, respectively. MTUS supports urine drug screening in these situations. As such, the UR decision is overturned. The request for One Urine Drug Screening is medically necessary.