

Case Number:	CM13-0047215		
Date Assigned:	12/27/2013	Date of Injury:	03/01/2007
Decision Date:	04/23/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	11/05/2013

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 Physical Medicine and Rehabilitation 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:

This is a 53-year-old gentleman with a date of injury of 3/01/07. The injury occurred while he was driving a cement truck, and hit a hole in the road. He reported injury to the neck, shoulder, and mid-low back. The patient did have conservative care, but symptoms did not resolve, and he was diagnosed with a chronic pain syndrome with lumbago, cervicalgia, headaches and myofascial pain. He became opioid dependent. He also developed psyche issues of depression and anxiety. The request for authorization for Nucynta and Omeprazole was reportedly from 10/28/13, but I see no report submitted from this date. The closest PTP report was on 9/13/13. At the time the patient was on Atenolol, Doxepin, Mercy, Nucynta ER, Omeprazole, Propafenone, Seroquel, Valium, Warfarin and Wellbutrin. Medications were refilled. UDS is reviewed. None of the reports discuss GI issues.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 150MG PO BID #60: Upheld

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

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

Decision rationale: Guidelines do not support use of chronic opioid pain medications for non-malignant pain. For patients with chronic back pain, efficacy is limited to short-term relief only. Long-term efficacy of greater than 16 weeks is unclear. It does appear that this patient is monitored via UDS and a pain contract is in place. In this case, however, Nucynta was replaced with Methadone. Given that Nucynta was no longer being used or prescribed, I agree that Nucynta was not medically necessary.

OMEPRAZOLE BID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (non-steroidal anti-inflammatory drugs) Page(s): 67-73.

Decision rationale: Guidelines do support use of GI protectants in patients with a history of chronic NSAID use, as there is high risk for adverse GI effects. Submitted reports do not indicate that this patient has any GI issues such as ulcer, gastritis or GERD. The patient is not taking NSAIDS. Medical necessity for Omeprazole is not established.