

Case Number:	CM13-0049117		
Date Assigned:	12/27/2013	Date of Injury:	10/02/2011
Decision Date:	03/11/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Texas. 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 38-year-old female who reported an injury on 10/02/2011. The mechanism of injury was not submitted. The patient was diagnosed with lumbar radiculopathy, chronic pain, elevated liver function test, limited response to more conservative measures, and 4 to 5 mm disc bulge at L5-S1. The patient complained of low back pain with radiation to bilateral lower extremities. The patient rated her pain at an 8/10 with medications and 10/10 without medications. The patient reported limited activities of daily living. The patient is status post transforaminal epidural injection at bilateral L5-S1 on 06/28/2013. The patient reported 5% overall improvement. The physical examination revealed decreased range of motion with lumbar spine secondary the patient pain. The patient also had spinal vertebral tenderness of the lumbar spine at the L4 to S1 level. An MRI of the lumbar spine dated 04/02/2012 revealed a moderately large, 4 to 5 mm, left paracentral disc protrusion associated with disc desiccation. The traversing nerve roots as well as the thecal sac are free of impingement. Intra-articular facets are normal appearing. The neural foramen are widely patent and the exiting nerve roots are free of impingement. An MRI of the thoracic spine was unremarkable.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg # 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 (ODG); TWC -

ODG Treatment, Integrated Treatment/Disability Duration Guidelines; Appendix A, ODG Worker's Comp Drug Formulary - Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section on Opioid on-going management Page(s): 78.

Decision rationale: CA MTUS states 4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. Monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of the controlled drugs. The patient continued to complain of low back pain with radiating pain to bilateral lower extremities. However, no documentation was submitted indicating a decrease in the patient's pain level or an increase in the patient's functioning level. Given the lack of documentation to support the Guideline criteria, the request for Nucynta 50mg #60 is non-certified.