

Case Number:	CM13-0058352		
Date Assigned:	12/30/2013	Date of Injury:	03/16/2011
Decision Date:	04/04/2014	UR Denial Date:	11/26/2013
Priority:	Standard	Application Received:	11/26/2013

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 and Pulmonary Diseases, and is licensed to practice in Florida. 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 51-year-old female who reported an injury on 03/16/2011 after she was pushing a patient in a wheelchair and reportedly experienced a sudden onset of low back pain. The patient's treatment history included surgical intervention to the right shoulder with postsurgical management to include physical therapy and medications, psychiatric support, acupuncture, a home exercise program, a work hardening program, and cervical medial branch block. The patient was provided a prescription of Oxycodone in 08/2013 that caused a rash. It was discontinued in 11/2013, at which time use of Nucynta for pain control was recommended. Additionally, it was recommended the patient undergo a trial of Lidoderm patches. The patient's most recent clinical documentation noted the patient participated in a [REDACTED] Program. However, the patient continued to have pain complaints and difficulty lifting objects over 25 pounds. Request was made for Nucynta and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg tablets, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Initiating Therapy Page(s): 77.

Decision rationale: The requested Nucynta 50 tablets #60 is not medically necessary or appropriate. The clinical documentation submitted for review did provide evidence the patient was taking Oxycodone which did not provide significant pain relief and caused side effects to include a skin rash. Therefore, the initiation of a new opioid would be supported by guideline recommendations. California Medical Treatment Utilization Schedule recommends discontinuation of opioids when side effects cannot be managed and pain relief is not provided. However, California Medical Treatment Utilization Schedule recommends a urine drug screen when initiating a new opioid and a baseline assessment should be provided so that the efficacy of the new medication can be determined. The clinical documentation submitted for review does not provide a quantitative assessment of the patient's pain levels. Therefore, the efficacy of an additional medication cannot be determined. Also, the clinical documentation submitted for review indicates the patient's last urine drug screen was in 04/2013 and within normal limits. A urine drug screen prior to initiation of a new opioid would be supported by guideline recommendations. As such, the requested Nucynta 50 mg tablets #60 is not medically necessary or appropriate.

Lidoderm 5% patch (700mg/patch), #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics. Page(s): 112.

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

Decision rationale: The requested Lidoderm patch 5% 700 mg #30 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule does not recommend a trial of Lidoderm patches unless there is documentation the patient has failed to respond to oral anticonvulsants. The clinical documentation submitted for review does not provide any evidence the patient has failed to respond to oral anticonvulsants. Additionally, California Medical Treatment Utilization Schedule recommends a quantitative assessment of the patient's pain so that the efficacy of the medication usage can be determined. There is no baseline assessment of the patient's pain within the patient's most recently submitted documentation. As such, the requested Lidoderm 5% patch 700 mg per patch #30 is not medically necessary or appropriate.