

Case Number:	CM13-0060579		
Date Assigned:	12/30/2013	Date of Injury:	01/29/1975
Decision Date:	06/04/2014	UR Denial Date:	11/23/2013
Priority:	Standard	Application Received:	12/03/2013

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 Family Medicine, and is licensed to practice in Arizona. 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 61-year-old male who suffered an industrial injury on 1/29/1975. Diagnoses include lumbar sprain/strain, decreased sleep secondary to chronic industrially related low back pain, status post ankle arthroplasty, and depressed mood secondary to chronic low back pain. Subjective complaints are of right low back pain that radiates into the right buttock and right posterior thigh, and has been more severe in the past month, with some associated weakness. Physical exam of the lumbar spine revealed restricted range of motion, positive lumbar discogenic provocative maneuvers, positive nerve root tension signs to bilateral lower extremity, including straight leg lifting, and positive Lasegue's sign. Medications taken included Nucynta-100mg, Abilify-5 mg, Neurontin 600 mg three times a day, Cymbalta 120 mg, 75mg Fentanyl patches worn for 72 hours, Lisinopril and metoprolol for hypertension, Amrix-15 mg prn (as needed) muscle spasm. Patient was previously on Percocet which was discontinued. Surgeries included a left triple ankle arthrodesis in 2012. MRI diagnoses include right L4, L5 and S1 radiculopathy with lower extremity weakness, central disc protrusions at T 11 - 12, T 12 - L1, L1 - L2, L2 - L3, L3 - L4, L4 - L5, and L5 - S1, severe central spinal stenosis at the L3 - L4 level, moderate central canal stenosis at the L4 - L5 level, and bilateral L3 through S1 facet joint arthropathy. Submitted documentation includes consistent urine drug screen, evidence of risk assessment, and ongoing efficacy of medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NUCYNTA 100MG # 120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES, PAIN (CHRONIC).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-96. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN, NUCYNTA.

Decision rationale: The patient in question has been on chronic opioid therapy. CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. The ODG recommends Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. This patient has previously failed treatment with Percocet. For this patient, documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.