

Case Number:	CM13-0068016		
Date Assigned:	01/03/2014	Date of Injury:	03/31/2004
Decision Date:	05/21/2014	UR Denial Date:	11/22/2013
Priority:	Standard	Application Received:	12/18/2013

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 patient is a 51 year old male with date of injury 3/31/2004. The mechanism of injury is not stated in the available medical records. The patient has complained of chronic low back pain since the date of injury. He has had several lumbar spine fusions. He has also been treated with physical therapy and medications. CT of the lumbar spine dated 10/2013 showed post surgical changes at L4-S1, lumbar spondylosis and lumbar disc disease. Objective: decreased range of motion of the lumbar spine, trigger points at the lumbar spine. Diagnoses: lumbar spine disc disease, lumbar radiculopathy. Treatment plan and request: Nucynia, Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNIA #90 100MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-85, 88-89.

Decision rationale: This 51 year old male has complained of chronic low back pain since date of injury 3/31/2004. He has been treated with surgery, physical therapy, and medications to include Nucynta since at least 07/2013. No treating physician reports adequately assess the patient with

respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Nucynta is not indicated as medically necessary.

NORCO #120 10/325MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE Page(s): 76-85, 88-89.

Decision rationale: This 51 year old male has complained of chronic low back pain since date of injury 3/31/2004. He has been treated with surgery, physical therapy and medications to include Norco since at least 07/2013. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Norco 10/325 is not indicated as medically necessary.