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| Case Number: | CM13-0071073 | | |
| Date Assigned: | 01/08/2014 | Date of Injury: | 12/17/2003 |
| Decision Date: | 05/02/2014 | UR Denial Date: | 12/17/2013 |
| Priority: | Standard | Application Received: | 12/26/2013 |

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 Illinois. 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:

The patient is a 57-year-old male who reported an injury on 12/17/2003 due to a fall while operating a forklift. The patient reportedly sustained an injury to his upper back, neck, and left shoulder, and left leg. The patient's treatment history included physical therapy, acupuncture, epidural steroid injections, medications, and a TENS unit. The patient was monitored for aberrant behavior with urine drug screens. The patient's most recent clinical evaluation documented that the patient had a reduction in pain from an 8/10 to 9/10 without medications to Final Determination Letter for IMR Case Number CM13-0071073 3 a 4/10 to 5/10 with medications and was able to participate in a therapeutic home exercise program as the result of medication usage. The patient's physical findings included restricted range of motion of the cervical and lumbar spine secondary to pain. The patient's medication schedule included Wellbutrin, trazadone, Levitra, Nucynta, a Flector patch, and Neurontin. The patient's diagnoses included cervical radiculopathy, post cervical laminectomy syndrome, and lumbar radiculopathy. The patient's treatment plan included continuation of medications and the use of a TENS unit.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 50MG #60 WITH 1 REFILL: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management.

Decision rationale: The requested 1 prescription of Nucynta 50 mg #60 with 1 refill is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends ongoing assessments of pain relief, functional benefit, side effects, and evaluation of aberrant behavior. The clinical documentation submitted for review does indicate that the patient has been on this medication for an extended duration of time and has significant pain relief and an increase in functional capabilities. It is also note that the patient is monitored for aberrant behavior and reports no side effects. However, the request as it is written does not provide a frequency of treatment. Therefore, the appropriateness of the request cannot be determined. Additionally, the request includes 1 refill. This does not allow for timely ongoing assessment and evaluation of the patient's medication usage and effectiveness. As such, the requested Nucynta 50 mg #60 with 1 refill is not medically necessary or appropriate.

FLECTOR 1.3% PATCH #30 WITH 1 REFILL: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs)..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain and NSAIDs (non-steroidal anti-inflammatory drugs) Page(s): 60, 67.

Decision rationale: The requested 1 prescription of Flector patch 1.3% number 30 with 1 refill is not medically necessary or appropriate. The California Medical Treatment Utilization Schedule recommends the ongoing use of medications in the management of chronic pain be supported by ongoing assessments of pain relief and functional benefit. The clinical documentation submitted for Final Determination Letter for IMR Case Number CM13-0071073 4 review does indicate that the patient has been using this medication for an extended duration of time. The clinical documentation does indicate that the patient has ongoing relief of inflammation as a result of this medication. However, the request as it is submitted does not specifically identify a frequency of treatment. Therefore, the appropriateness of the medication cannot be determined. Also, the request includes 1 refill. This does not allow for timely ongoing assessment and evaluation of the efficacy of this medication. As such, the requested 1 prescription of Flector 1.3% patch #30 with 1 refill is not medically necessary or appropriate.