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| Case Number: | CM14-0100989 | | |
| Date Assigned: | 07/30/2014 | Date of Injury: | 09/13/2011 |
| Decision Date: | 09/12/2014 | UR Denial Date: | 06/09/2014 |
| Priority: | Standard | Application Received: | 06/30/2014 |

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 Anesthesiology has a subspecialty in Pain Medicine 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 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 injured worker is a 48-year-old male who reported an injury on 09/13/2011. The mechanism of injury was not provided for clinical review. The diagnoses included major depressive disorder. Previous treatments included medication. Within the clinical note dated 06/17/2014, it was reported the injured worker complained of low back pain and depression. He complained of pain and tightness. He described the pain as constant, aching and burning to the low back and buttocks. He reported the pain radiated down his left leg. Upon the physical examination of the lumbar spine, the provider noted the injured worker's strength was 5-/5 secondary to pain. The injured worker had diminished sensation in the left L4-5 dermatome. The provider noted the injured worker had painful sciatic notches upon palpation. The injured worker had tenderness to palpation of the sciatic joints. The injured worker had a positive Patrick's and Gaenslen's maneuver bilaterally. The physician indicated tenderness over the paraspinal and trigger point tenderness at L4-5, L5-S1 and along the PSIS. The request submitted is for Nucynta and Flexeril. However, a rationale is not provided for clinical review. The request for authorization is not provided for clinical review.

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: Pain Chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management Page(s): 78.

Decision rationale: The request for Nucynta 50 mg #60 is non-certified. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document an adequate and complete pain assessment within the documentation. The injured worker has been utilizing the medication since at least 01/2014. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is non-certified.

Flexeril 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63, 64.

Decision rationale: The request for Flexeril 10 mg #90 is non-certified. The California MTUS Guidelines recommend non-sedating muscle relaxants with caution as a second line option for short term treatment of acute exacerbation in patients with chronic low back pain. The guidelines note the medication is not recommended to be used for longer than 2 to 3 weeks. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The injured worker has been utilizing the medication since at least 01/2014, which exceeds the guidelines recommendation of short term use of 2 to 3 weeks. The request submitted failed to provide the frequency of the medication. Therefore, the request is non-certified.