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| Case Number: | CM14-0106539 | | |
| Date Assigned: | 09/29/2014 | Date of Injury: | 02/15/2012 |
| Decision Date: | 11/05/2014 | UR Denial Date: | 07/01/2014 |
| Priority: | Standard | Application Received: | 07/09/2014 |

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 Physical Medicine & Rehabilitation, and is licensed to practice in California. 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 51-year-old male who reported an injury on 02/15/2012. The injured worker's diagnoses included myalgia and myositis, lumbosacral spondylosis without myelopathy, lumbago, cervicalgia, degeneration of the lumbosacral intervertebral disc, thoracic/lumbosacral neuritis, spasm of muscles, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. The injured worker's past treatments include medications and physical therapy/home exercise program. On the clinical note dated 09/25/2014, the injured worker complained of low back pain, rated on an average 8/10, with a functional level of 7/10. The injured worker had positive straight leg raise leg raise test on the right. The injured worker had positive crepitus on active range of motion of the cervical spine. The injured worker denies side effects of medications. The injured worker's medications included Celebrex 200 mg twice a day, Nucynta ER 100 mg every 12 hours as needed, Lorzone 750 mg twice a day, Nucynta IR 50 mg twice a day as needed, PC 5001 cream 150gm size. The medical records indicate a trial/failure of Motrin 800 mg and a urinary drug screen obtained on 08/06/2013 that was consistent with medication regimen. The request was for Nucynta IR 50 mg #60 and Nucynta ER 100 mg #60. The rationale for the request was for pain control. The Request for Authorization form was submitted on 09/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The request for Nucynta IR 50 mg #60 is not medically necessary. The injured worker is diagnosed with myalgia/myositis, lumbosacral spondylosis without myelopathy, lumbago, cervicgia, degeneration of the lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis, spasm of muscle, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. The injured worker complained of low back pain rated on average 8/10. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation included a recent urine drug screen, obtained on 08/06/2013, which was consistent with medication regimen at the time; however, there was not a more current one provided. The documentation included documentation of side effects. There is a lack of documentation indicating the injured worker has significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Nucynta IR 50 mg #60 is not medically necessary.

Nucynta ER 100mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOID MANAGEMENT Page(s): 78.

Decision rationale: The request for Nucynta ER 100mg #60 is not medically necessary. The injured worker is diagnosed with myalgia/myositis, lumbosacral spondylosis without myelopathy, lumbago, cervicgia, degeneration of the lumbar/lumbosacral intervertebral disc, thoracic/lumbosacral neuritis, spasm of muscle, degeneration of cervical intervertebral disc, and cervical spondylosis without myelopathy. The injured worker complained of low back pain rated on average 8/10. The California MTUS Guidelines recommend an ongoing review of medications with the documentation of pain relief, functional status, appropriate medication use, and side effects. The requesting physician did not provide documentation of an adequate and complete assessment of the injured worker's pain. The documentation did not include a recent urine drug screen; however, there was documentation of a drug screen obtained on 08/06/2013 which was consistent with medication regimen at the time. The medical records indicated the injured worker denies side effects from medications. There is lack of documentation indicating the injured worker significant objective functional improvement with the medication. Additionally, the request does not indicate the frequency of the medication. As such, the request for Nucynta ER 100mg #60 is not medically necessary.

