

Case Number:	CM14-0107656		
Date Assigned:	09/16/2014	Date of Injury:	12/06/2010
Decision Date:	10/31/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/11/2014

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 and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in Texas. 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 with a reported date of injury on December 06, 2010. The mechanism of injury is described as an assault by two men with crowbars while working as a peace officer. The left hand, left eye, left lower leg, upper back area, neck, lower arm, and lumbosacral areas were injured. On March 26, 2012 EMG/NCV was deferred at patient's request. The injured worker was unable to tolerate the the electrodiagnostic test due to discomfort. The physical exam at this time, revealed deep tendon reflexes intact at knee and absent bilaterally at the ankle. Decreased sensation to light touch at the left lower extreemity and L4, L5, and S1 dermatomes. Manual muscle testing was intact throughout the right and left lower extremity. The patient was also referred to a chiropractor and is noted to have missed several visits. According to office visit dated July 23, 2014, the injured worker is working as a highway patrol officer supervisor and started a prescription of Nucynta ER 150mg (60), Oxycodone 20mg (120), Tramadol 50 mg (120) and Lyrica 100mg (90). All aforementioned prescriptions on July 23, 2014 were prescribed with refill allowed. Pain scale is noted as 4-6/10 but always flares to a 10. Urine drug screens were not available for this review. A prior utilization review determination dated July 10, 2014, resulted in modification of a request for Tramadol 50 mg, Oxycodone IR 20 mg and Nucynta ER 150 mg. The request for Oxycodone, quantity 120, with one refill was modified to a quantity of 90 without refill. And the request for Nucynta, quantity 60 was modified to a quantity of 30. Tramadol 50 mg was modified from a quantity of 360 down to 90. The request for Lyrica 100 mg was approved, quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Tramadol HCL 50mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 93, 94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The submitted records indicate the injured worker has chronic pain associated with trauma from an assault. He is on multiple opiates and Tramadol represents a redundant prescription. The records fail to establish the efficacy of this medication in the treatment of the injured workers pain. As such the medical necessity for continued use of this medication has not been established. Therefore, the request for Tramadol 50 mg is not medically necessary.

Oxycodone IR 20mg.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES Page(s): 74-80.

Decision rationale: The submitted records indicate the injured worker has chronic pain associated with trauma from an assault. He is on multiple opiates and Oxycodone represents a redundant prescription. The records fail to establish the efficacy of this medication in the treatment of the injured workers pain. As such the medical necessity for continued use of this medication has not been established. Therefore, the request for Oxycodone IR 20mg is not medically necessary.

Nucynta 150mg.: 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 OPIATES Page(s): 74-80.

Decision rationale: The submitted records indicate the injured worker has chronic pain associated with trauma from an assault. He is on multiple opiates and Nucynta represents a redundant prescription. The records fail to establish the efficacy of this medication in the treatment of the injured workers pain. As such the medical necessity for continued use of this medication has not been established. Therefore, the request for Nucynta 150mg is not medically necessary.