

Case Number:	CM14-0109353		
Date Assigned:	08/01/2014	Date of Injury:	09/26/2011
Decision Date:	10/24/2014	UR Denial Date:	06/24/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational Medicine 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:

Patient is a 49 year-old male with date of injury 09/26/2011. The medical document associated with the request for authorization, a primary treating physician's progress report, dated 06/13/2014, lists subjective complaints as pain in the neck, mid back, lumbar spine and left elbow. Objective findings: Bilateral tenderness and spasms of the cervical and trapezius muscles. Bilateral tenderness and spasms of the L3-5 paraspinal muscles. Decreased range of motion of the cervical spine in all planes. Decreased range of motion of the lumbar spine in all planes. Motor exam of upper and lower extremities was within normal limits. Increased tenderness with palpation of the left C5-7 facets with pain worsening with neck extension. Pain with extension of the back localizing to the lumbar facet joints. Diagnosis: 1. Cervical radiculopathy 2. Lumbar radiculopathy 3. Spasm of muscle. The medical records supplied for review document that the patient has taken the following medications for at least as far back as five months. Medications: 1. Butrans 20mcg, #4 SIG: Q 7 days 2. Nucynta 100mg, #120 SIG: TID PRN

IMR ISSUES, DECISIONS AND RATIONALES

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

Butrans 20mcg #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: Butrans is indicated for the management of pain severe enough to require daily, around-the-clock, long-term opioid treatment and for which alternative treatment options are inadequate. The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of narcotics, the patient has reported very little, if any, functional improvement or pain relief over the course of the last several months of medical records. Therefore the request is not medically necessary.

Nucynta 100mg #120: 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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain (Chronic), Tapentadol (Nucynta).

Decision rationale: According to the Official Disability Guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. There is no documentation in the medical record that the patient has developed intolerable adverse effects to the current narcotic regimen. The patient has been prescribed Nucynta for breakthrough pain and not in accordance with the Guidelines. Therefore the request is not medically necessary.