

Case Number:	CM14-0017331		
Date Assigned:	02/21/2014	Date of Injury:	12/10/2010
Decision Date:	06/26/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/11/2014

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 Orthopedic Surgery, has a subspecialty in Orthopedic Sports 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 58-year-old male who sustained an injury on 12/10/10. No specific mechanism of injury was noted. The injured worker was followed for ongoing complaints of chronic pain. The injured worker was previously treated with multiple medications including anti-inflammatory medications. The analgesics included Nucynta and tramadol. The clinical record from 12/10/13 noted, the injured worker was pending surgical request for partial lateral meniscectomy in the left knee. The injured worker had prior rotator cuff repair for right shoulder which was doing well. The injured worker continued to report low back pain radiating to the left lower extremity in an S1 distribution. No specific physical examination findings were noted at this visit. The injured worker had multiple urine drug screen findings positive for the use of Oxycontin. The most recent report on 01/21/14 was limited. No specific changes in complaints or physical examination findings were noted. Medications were refilled at this visit. The requested Oxycontin 10mg and Nucynta 100mg were denied by utilization review on 01/31/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10 MG: 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 Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the requested Oxycontin 10mg, the clinical documentation submitted for review provides very limited findings to support the ongoing use of this medication. There is no clear evidence of any functional improvement obtained with the continued use of oxycontin to support ongoing prescriptions. According to the Chronic Pain guidelines for narcotic medications such as oxycontin, there should be documentation regarding specific functional benefits obtained with the use of this medication and pain reduction. As this was not clearly noted in the clinical record submitted for review, this reviewer would not have recommended certification for the request.

NUCYNTA 100 MG: 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 Chronic Pain Medical Treatment Guidelines Opiates, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to the requested Nucynta 100mg, the clinical documentation submitted for review provides very limited findings to support the ongoing use of this medication. There is no clear evidence of any functional improvement obtained with the continued use of Nucynta to support ongoing prescriptions. According to the Chronic Pain guidelines for narcotic medications such as Nucynta, there should be documentation regarding specific functional benefits obtained with the use of this medication and pain reduction. As this was not clearly noted in the clinical record submitted for review, this reviewer would not have recommended certification for the request.