MAXIMUS Federal Services

Case Number:	CM14-0114331		
Date Assigned:	08/04/2014	Date of Injury:	06/15/2004
Decision Date:	09/10/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/22/2014

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, 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 45 year old male who is reported to have sustained injuries to his low back on 06/15/04. He is reported to have injured his low back while working a piece of construction equipment. He ultimately failed conservative care and underwent a global fusion in 2008. More recently he has undergone lumbar epidural steroid injection which provided no benefit. Per clinical records, the injured worker has been maintained on Norco 10/325 milligrams, Nucynta extended release (ER) 50 milligrams, Cymbalta 50 milligrams, Gabapentin 600 milligrams, Soma 350 milligrams, and Elavil 10 milligrams. The injured worker is reported to have benefited with approximately 50 percent reduction in his pain levels while on medications. However, the record does not provide any recent urine drug screen data for review. The record contains a utilization review dated 07/15/14 in which a request for Nucynta ER 50 milligrams quantity sixty with five refills is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #60 with 5 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

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

Decision rationale: The clinical records indicate that the injured worker has failed back surgery syndrome which he has been maintained on multiple medications including Norco 10/325 milligrams and Nucynta ER 50 milligrams. Per California Medical Treatment Utilization Schedule (MTUS), routine urine drug screen must be performed to assess compliance. The previous utilization review dated 07/15/14 denied the request for Nucynta ER secondary to a lack of urine drug screen results. In the interval period, it does not appear as a urine drug screen has been performed and therefore presently medical necessity for the continued use of this medication is not supported under CAMTUS. The request for Nucynta extended release (ER) 50 milligrams quantity sixty with five refills is not medically necessary.