

Case Number:	CM14-0118949		
Date Assigned:	08/06/2014	Date of Injury:	05/18/2010
Decision Date:	09/23/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/29/2014

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 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 59-year-old female who reported an injury on 05/18/2010. The mechanism of injury was not provided. The diagnoses included spinal stenosis lumbar region without neurogenic claudication, degeneration lumbar/lumbosacral intervertebral disc, unspecified backache, and unspecified neuralgia, neuritis, and radiculitis. The injured worker's medication history included Omeprazole 20 mg, Colace 100 mg, Cyclobenzaprine 10 mg, Lidoderm 5% patch, Trazodone 100 mg tablets, Gabapentin 800 mg, Ibuprofen 600 mg, Wellbutrin SR 150 mg, and Abilify 5 mg tablets as of 11/2013 and the medication as of 06/25/2012 included Nucynta ER 150 mg tablets. The injured worker underwent an EMG/NCV study of the bilateral lower extremities. Prior treatments included an epidural steroid injection, an H-wave, and chiropractic treatments. The injured worker underwent x-rays of the lumbar spine and an MRI of the lumbar spine. The injured worker was noted to be monitored for aberrant drug behavior through urine drug screens. The most recent documentation was dated 02/12/2014. The documentation indicated the injured worker was in the office for radiating low back pain from the right leg. The injured worker reported no change in the location of pain. The injured worker indicated the medications were working well and the injured worker had no side effects. The physical examination revealed the injured worker had restricted range of motion. There was spasm and tenderness of the paravertebral muscles upon palpation bilaterally. The injured worker had spinous process tenderness at L3, L4, and L5. The ankle and patellar jerks were 2/4 bilaterally. There was tenderness over the posterior iliac spine on the left. The documentation indicated the injured worker had an increase in Nucynta and it had been helpful to reduce stiffness so the injured worker could get out of bed and perform simple household chores more easily. The treatment plan included a continuation of the medications. The physician documented the injured worker submitted to random urine drug screens, had a sign pain contract on file, and

was CURES appropriate. The injured worker's pain decreased and was made tolerable with the use of medications and the injured worker was able to functionally do more with medications as compared to without. There were no significant side effects or aberrant drug behavior. The surgical history was stated to be none. There was no Request for Authorization form submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: 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, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic Pain, Ongoing Management Page(s): 60, 78.

Decision rationale: The California MTUS Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker had utilized the medication since at least 2012. There was documentation the injured worker had pain decreased and was able to do more functionally. However, there was a lack of documentation indicating objective pain relief and objective functional improvement. There was documentation the injured worker was being monitored for aberrant drug behavior and side effects. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nucynta 50 mg #90 is not medically necessary.