

Case Number:	CM14-0157214		
Date Assigned:	09/30/2014	Date of Injury:	08/03/2011
Decision Date:	12/10/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	09/26/2014

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 underlying date of injury in this case is 08/02/2011. The date of the initial utilization review under appeal is 09/18/2014. On 05/08/2014, the patient was seen in initial psychiatry evaluation regarding chronic low back pain. The evaluating physician reviewed the patient's history of an injury in August 2011 while working as a food service director for a shelter. The patient was injured when attempting to push a heavy box along the floor with her right foot; she developed low back pain radiating to the right gluteal region. Medications at that time included Butrans 5 mcg per hour. The patient also used other medications but could not recall the names of those medications. No specific focal neurological deficit was noted. The patient was felt to have a chronic lumbosacral sprain as well as bilateral L5 pars fractures, L4-5 stenosis, lumbar disc herniation, lumbar disc degeneration, and lateral recess stenosis at L4-5 and L5-S1. The treating physician recommended proceeding with a spine surgeon consultation and noted the patient was unable to tolerate hydrocodone and tramadol and was having some success with Butrans but was not experiencing adequate pain relief, and therefore the treating physician recommended increasing the dose of Butrans. The treating physician also recommended Tegaderm to help the Butrans from falling off.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg #30: 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 Opioids/Ongoing Management Page(s): 78.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on opioids/ongoing management, page 78, discuss the four A's of opioid management; the medical records in this case do not meet these guidelines to support functional goals and benefit for continued opioid use. Additionally, the same guidelines specifically discuss opioids for chronic pain on page 80 and do not recommend opioids for chronic situations such as this. The records do not provide an alternate discussion of benefit or an alternate rationale to support the request for Nucynta. This request is not medically necessary.

Gabapentin 300 mg #30: 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 Anti-Epileptic Medications Page(s): 16.

Decision rationale: The Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines, section on anti-epileptic medications, beginning on page 16, recommend gabapentin for neuropathic pain and discuss documentation of benefits and adverse reactions after initiation of this medication. The medical records do not clearly document a neuropathic pain diagnosis, nor do the records clearly document benefit from gabapentin. For these reasons, the guidelines do not support this request. The request is not medically necessary.