

Case Number:	CM14-0159670		
Date Assigned:	10/03/2014	Date of Injury:	10/19/2009
Decision Date:	10/29/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/29/2014

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 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:

There were 116 pages provided for this review. The request for independent medical review was signed on September 25, 2014. It was for Nucynta ER 50 mg one tablet by mouth twice a day number 60 and lumbar transforaminal epidural steroid injection, L4 L5 and L5-S1. The claimant is a 50-year-old individual who sustained an injury at work as a truck driver on October 19, 2009 when the patient felt immediate lower back pain after trying to lift a full 4 yard bin. The claimant is 6'3" tall and weighed 380 pounds. He has treated with physical therapy and medicines. The patient had bilateral transforaminal epidural steroid injections at L3 and L4. The back pain was described as aching and cramping.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50 mg 1 po bid #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are

they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not medically necessary per MTUS guideline review.

Lumbar TFESI (transforaminal epidural steroid injection) L4/5 and L5/S1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection (ESI's).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 47 of 127.

Decision rationale: The MTUS recommends this as an option for treatment of radicular pain (defined as pain in dermatomal distribution with corroborative findings of radiculopathy). In this case, the MTUS criterion "Radiculopathy must be documented by physical examination and corroborated by imaging studies and/or electrodiagnostic testing" is not met. Further, the criterion for repeat epidural steroid injection (ESI) is at least 6-8 weeks of pain and improvement in function for 6-8 weeks following injection, and the outcomes from previous ESI do not meet this criterion. The request is not medically necessary.