

Case Number:	CM14-0030578		
Date Assigned:	06/20/2014	Date of Injury:	06/16/2000
Decision Date:	07/18/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/10/2014

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 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 50 year old male who sustained an injury on 06/16/00 while cutting a tree down. The injured worker developed complaints of pain in the low back after being in a bent position for approximately 30 minutes. Prior treatment has included epidural steroid injections, physical therapy, as well as aquatic therapy treatment. The injured worker is noted to have had a prior lumbar fusion at L4-5 and at L5-S1. The injured worker had been followed by a treating physician for ongoing chronic pain. Drug screen reports from October of 2013 noted negative findings for the tested medications. The records on 10/14/13 show the injured worker was detoxified off of Vicodin and was continued on Ultram for pain control which was beneficial. The clinical report on 01/13/14 noted the injured worker had been completely weaned off narcotics and was utilizing a spinal cord stimulator. Physical examination noted a slightly guarded gait with ongoing tenderness to palpation of the lumbar spine. The injured worker did have low back pain reproduced with straight leg raise testing. Prescriptions at this evaluation included a renewal of tramadol 50mg three times daily for pain. Tizanidine was discontinued and Flexeril 10mg daily was prescribed. The requested Nucynta of an unknown dosage and quantity was denied by utilization review on 02/11/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta (unknown dosage and quantity): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Chronic pain, page 76-80, Opioids-Criteria for use, page 74-95, Opioids, page 65. Page(s): 76-80; 74-95; 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 88-89.

Decision rationale: The clinical documentation provided for review did not discuss any rationale for the use of Nucynta. It is noted that the injured worker had been successful in weaning off all strong narcotics. There was no assessment or other information provided by any provider indicating why the injured worker should restart a very strong narcotic medication. Furthermore, the request was not specific in regards to dose, duration, frequency, or quantity. Therefore, the request for Nucynta (unknown dosage and quantity) is not medically necessary.