

Case Number:	CM14-0043470		
Date Assigned:	07/02/2014	Date of Injury:	03/18/2010
Decision Date:	08/26/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/10/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas and Ohio. 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 56-year-old male who reported an injury on 03/18/2010. On 05/14/2014, the injured worker presented with low back pain. Upon examination of the lumbar spine there was restricted range of motion due to pain, a positive bilateral lumbar facet loading, and a positive FABER test. Diagnoses were low back pain syndrome, lumbar/thoracic radiculopathy, lumbar stenosis, lumbar disc herniation without myelopathy, postlaminectomy syndrome of the cervical spine, and cervical spondylosis. Medications included ibuprofen. The provider recommended Nucynta ER 200 mg with a quantity of 60, the provider's rationale was not provided. The request for authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): page(s) 78.

Decision rationale: The request for Nucynta ER 200 mg is not medically necessary. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an assessment of the injured worker's pain level, functional status, evaluation for risk of aberrant drug abuse behavior and side effects. Additionally, the provider's request did not indicate the frequency of the medication in the request as submitted. Therefore, the request is not medically necessary.