

Case Number:	CM14-0047472		
Date Assigned:	07/02/2014	Date of Injury:	02/23/2011
Decision Date:	08/06/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/16/2014

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 50 year old male who reported an injury on 02/23/2011. The injured worker reportedly sustained an injury to his low back. The injured worker's treatment history included surgical intervention, physical therapy, epidural steroid injections, and multiple medications. The injured worker was evaluated on 03/14/2014. It was documented that the injured worker had 3/10 pain with fewer radiating symptoms into the bilateral lower extremities. Physical findings included restricted range of motion secondary to pain with 2+ tenderness to palpation of the left paravertebral musculature and a positive straight leg raising test. The injured worker's diagnoses included dermatitis due to drugs, thoracic or lumbosacral neuritis or radiculitis, sprain of the lumbar region, and sciatica. The injured worker's treatment plan included a refill of Nucynta 50 mg and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 Mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers Compensation.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management Page(s): 78.

Decision rationale: The MTUS Chronic Pain Guidelines recommends the ongoing use of opioids in the management of chronic pain be supported by a quantitative assessment of pain relief, documented functional benefit, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does not provide any evidence of functional benefit or pain relief resulting from the use of this medication. Additionally, it was noted within the documentation that the patient has been on this medication since at least 03/2012. There is no documentation that the patient is monitored for aberrant behavior with CURES reporting, urine drug screens, or pill counts. Therefore, continued use would not be supported. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information, the appropriateness of the request itself cannot be determined. As such, the requested Nucynta 50 mg #60 is not medically necessary or appropriate.