

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0056694 | | |
| Date Assigned: | 07/09/2014 | Date of Injury: | 07/07/1998 |
| Decision Date: | 09/30/2014 | UR Denial Date: | 04/15/2014 |
| Priority: | Standard | Application Received: | 04/28/2014 |

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, Pain Medicine and is licensed to practice in Texas and Oklahoma. 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 07/07/1998. The mechanism of injury was not provided within the medical records. The clinical note dated 04/10/2014 indicated diagnoses of cervical spondylosis without myelopathy, degenerative cervical intervertebral disc, postlaminectomy syndrome lumbar region, cervicalgia, brachial neuritis/radiculitis, lumbago, spasm of muscles, and unspecified myalgia and myositis. The injured worker reported right side neck and low back pain with numbness noted in his legs. The injured worker reported he continued to have spasms in his thighs; Nucynta ER was not approved. The injured worker reported his average pain was 6/10 to 7/10. The injured worker reports poor sleep quality due to pain. On physical examination, the injured worker reported ongoing low back pain and left greater than right leg pain with lumbar radiculopathy; left greater than right numbness. The injured worker had symptoms from L3-4 level. The injured worker had ongoing neck pain to the right side with decreased pain on the left since selective cervical epidural injection that was done last year. The injured worker's treatment plan included medical management; dispensed Nucynta, Lorzone, and Lyrica; followup with a physician. The injured worker's prior treatments included diagnostic imaging, surgery, and medication management. The injured worker's medication regimen included Lorzone, naproxen, Nexium, Norco, and Nucynta. The provider submitted a request for Nucynta. A request for authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER tab 100MG Day Supply: 30 Quantity: 60: 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, criteria for use Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, it was not indicated if the injured worker had a signed opioid agreement. Furthermore, the request does not indicate a frequency. Therefore, the request for Nucynta is not medically necessary.