

Case Number:	CM14-0061221		
Date Assigned:	07/09/2014	Date of Injury:	12/03/2003
Decision Date:	11/04/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/02/2014

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 Family Medicine and is licensed to practice in Utah. 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 patient is 48 years old. The patient's date of injury is 12/3/2003. The mechanism of injury is not stated. The patient has been diagnosed with lumbosacral disc degeneration, post lumbar laminectomy syndrome, lumbar spinal stenosis and lumbosacral neuritis. The patient's treatments have included medications. The physical exam findings dated 4/17/2014 show +/- Analgesia, Myofascial spasms mid and lower back, Tenderness to palpation in the L/S spine, SI joint, Piriformis, and Q lumborum muscles. The patient's medications have included, but are not limited to, Nucynta, Prilosec, Ambien, Insulin and Duragesic. The request is for Nucynta and Duragesic. It is unclear in the clinical documents how long these medications were used or what the specific outcomes of these medications are.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta100mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. It is unclear in the notes if the medications are indeed improving the patient functionality and pain levels; this is only noted as "+/-" in the notes, there are no objective findings of functional improvement. A previous taper recommendation has also been made. According to the clinical documentation provided and current MTUS guidelines; Nucynta is not indicated as a medical necessity to the patient at this time.

Duragesic 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System) Page(s): 27.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (fentanyl transdermal system) Page(s): 44.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. It is unclear in the notes if the medications are indeed improving the patient functionality and pain levels; this is only noted as "+/-" in the notes, there are no objective findings of functional improvement. A previous taper recommendation has also been made. According to the clinical documentation provided and current MTUS guidelines; Duragesic is not indicated as a medical necessity to the patient at this time.