

Case Number:	CM14-0078970		
Date Assigned:	07/18/2014	Date of Injury:	03/12/2009
Decision Date:	08/26/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida and 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 patient is a 46-year-old male who was injured on 3/12/2009. The diagnoses are low back pain, left hip bursitis and headache. There are associated diagnoses of depression and insomnia. A MRI done in 2011 of the lumbar spine showed L3-L4 disc bulge, facet arthropathy and neural foramina stenosis. The patient had completed PT, acupuncture and lumbar epidural steroid injections. On 4/14/2014, [REDACTED] noted subjective complaints of low back pain radiating to the lower extremities. There is associated numbness and decreased sensation in the lower extremities. The patient is waiting additional lumbar spine surgery. On 4/9/2014, [REDACTED] noted that a UDS was consistent with prescribed medications. The medications are Klonopin and Abilify, which are prescribed by the psychiatrist [REDACTED], Nucynta, Norco and Flector patch for pain and Lunesta for insomnia. A Utilization Review determination was rendered on 4/29/2014 recommending non-certification for Norco 10/325mg and Nucynta 100mg ER #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Tablet - Unspecified quantity: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Monitoring, Weaning of Medications, Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guideline.9792.24.2 Page(s): 42-43, 74-80, 124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short-term treatment of severe pain during periods of exacerbation of chronic pain that is non-responsive to standard NSAIDs, PT and exercise. The concurrent use of multiple opioids with other sedatives and psychiatric medications is associated with increased incidence of adverse effects and drugs interaction The record indicate that the patient is also utilizing Norco, Nucynta, Klonopin, Lunesta and Abilify. The 4/14/2014 indicates that the patient was authorized for back surgery. There was no refill of Norco prescription. The criteria for Norco 10/325mg of unkown quantity was not met.

Nucynta 100mg ER #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Ongoing Monitoring, Weaning of Medications, Opioids Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.1 Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short-term treatment of severe pain during periods of exacerbation of chronic pain that is non-responsive to standard NSAIDs, PT and exercise. The concurrent use of multiple opioids with other sedatives and psychiatric medications is associated with increased incidence of adverse effects and drugs interaction. The record indicates that the patient is also utilizing Norco, Nucynta, Klonopin, Lunesta and Abilify. The 4/14/2014 indicates that the patient was authorized for back surgery because of exacerbation of the low back pain. There was no refill of Norco prescription. Nucynta is associated with less addictive and sedative properties than pure opioid agonist. The criteria for Nucynta of 100mg ER #60 was met.