

Case Number:	CM14-0079406		
Date Assigned:	07/18/2014	Date of Injury:	05/11/2007
Decision Date:	09/10/2014	UR Denial Date:	05/19/2014
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 Management and is licensed to practice in Florida. 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 54-year-old female who reported an injury on 05/11/2007. The mechanism of injury was not provided for clinical review. Diagnoses included right and left knee sprain, right ankle tendinitis, and bursitis of the right knee. Previous treatments included medication and MRI. Within the clinical note dated 05/05/2014 it was reported the injured worker complained of right knee pain. She complained of left knee popping and catching pain. The injured worker reported pain radiated to her back. On physical examination, the provider noted the injured worker to do a good heel and toe walk. The injured worker had tenderness at the L5-S1 paraspinal muscles. The provider indicated the injured worker had bilateral knee tenderness. The provider requested hydrocodone and Nucynta ER. However, a rationale was not provided for clinical review. The request for authorization was not provided for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-acetaminophen 10/ 325mg #180 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: The request for hydrocodone/acetaminophen 10/325 #180 x1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Additionally, the guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider failed to document adequate and complete pain assessment. The injured worker has been utilizing the medication since at least 11/2013. Additionally, the use of the urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.

Nucynta ER 100mg #60 x 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

Decision rationale: The request for Nucynta ER 100 mg #60 x1 refill is not medically necessary. The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. The provider failed to document an adequate and complete physical pain assessment within the documentation. The injured worker has been utilizing the medication since at least 11/2013. There is a lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. Additionally, the use of a urine drug screen was not provided for clinical review. Therefore, the request is not medically necessary.