MAXIMUS Federal Services

Case Number:	CM14-0079748		
Date Assigned:	07/18/2014	Date of Injury:	08/25/2005
Decision Date:	09/19/2014	UR Denial Date:	05/01/2014
Priority:	Standard	Application Received:	05/30/2014

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 Illinois. 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 57-year-old male with a reported date of injury on 10/25/2005. The mechanism of injury was noted to be from lifting a bay door. His diagnoses were noted to include postlaminectomy pain syndrome, chronic postoperative pain, cervical sprain/strain, lumbar sprain/strain, and disorder of the sacrum. His previous treatments were noted to include medications, a brace, and acupuncture. The progress note dated 06/06/2014 revealed the injured worker complained of low back pain that radiated down to his bilateral legs and reported weakness and imbalance in both of his legs. The injured worker stated without his medication his pain level was 8/10 and with medication was 8/10. The injured worker indicated that the pain medications were not helping his pain and that he would like to try other medication as he was having a lot of pain. The physical examination revealed motor strength rated 5/5 to the bilateral lower extremities and a positive straight leg raise bilaterally from the lumbar spine. Moderate pain was noted with lumbar flexion and extension. The progress note dated 05/08/2014 revealed the injured worker complained of back pain and reported his pain medications covered some of his overall discomfort. The physical examination of the lumbar spine revealed a normal range of motion, negative straight leg raise, and a lack of muscle tenderness. His medications were noted to include MS Contin extended release 30 mg 1 every 12 hours #60, oxycodone 30 mg 1 every 6 hours #120, Nucynta 50 mg 1 every 6 hours as needed for breakthrough pain, and Nucynta extended release 100 mg take 1 every 12 hours #60. The Request for Authorization form was not submitted within the medical records. The request was for Nucynta ER 100 mg #60 and Nucynta 50 mg #90 for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg Quantity: sixty (60): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for Nucynta ER 100 mg #60 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker revealed his pain level was 8/10 with medications and 8/10 without medications. The injured worker indicated he was using MS Contin and Oxycodone and had intolerable side effects as well as no functional improvements. The urine drug screen performed 05/08/2014 had negative results. There is a lack of documentation regarding efficacy of this medication, improved functional status, and side effects. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.

Nucynta 50mg Quantity: ninety (90): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG(The Official Disability Guidelines) Nucynta.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Opioid MED calculator.

Decision rationale: The request for Nucynta 50 mg #90 is not medically necessary. The injured worker has been utilizing this medication since at least 04/2014. According to the California Chronic Pain Medical Treatment Guidelines, the ongoing use of opioid medications may be supported with detailed documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines also state that the four A's for ongoing monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors, should be addressed. The injured worker revealed his pain level was 8/10 with medications and 8/10 without medications. The injured worker indicated he was using MS Contin and Oxycodone and had intolerable side effects as well as no functional improvements. The urine drug screen performed 05/08/2014 had negative results. There is a lack of

documentation regarding efficacy of this medication, improved functional status, and side effects. Additionally, the request failed to provide the frequency at which this medication is to be utilized. Therefore, the request is not medically necessary.