

Case Number:	CM14-0081930		
Date Assigned:	07/18/2014	Date of Injury:	06/10/2010
Decision Date:	09/17/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/03/2014

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 & Rehabilitation, Pain Medicine and is licensed to practice in Texas and Ohio. 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 67-year-old male who reported an injury on 06/10/2010. The mechanism of injury was not provided for clinical review. Diagnoses included lumbosacral spondylosis without myelopathy, lumbar disc disorder without myelopathy, lumbosacral sprain, lumbago. The previous treatments included medication, surgery, and injections. Within the clinical note dated 05/19/2014, it was reported the injured worker complained of back pain. He rated his pain 7/10 in severity. Upon the physical examination, the provider noted the injured worker had mild tenderness at the left 2 vertical scars in the lumbosacral area. The injured worker had L5 dermatomal radiculopathy, sensory loss which is partial, and symmetrical reflex loss throughout. The provider noted the injured worker continued to have tenderness with radiculopathy from the lumbosacral area in the vertical scar area from previous surgery. The request submitted is for Nucynta. 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:

Nucynta 50 mg #240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Page(s): 78.

Decision rationale: The California MTUS Guidelines recommend ongoing review and documentation of pain relief, functional status, or appropriate medication use. The guidelines also 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 request submitted failed to provide the frequency of the medication. The provider failed to document an adequate and complete pain assessment within the documentation. Additionally, the injured worker has been utilizing the medication since at least 01/2014. Therefore, the request for Nucynta 50 mg #240 is not medically necessary and appropriate.