

Case Number:	CM14-0088132		
Date Assigned:	07/25/2014	Date of Injury:	07/18/2010
Decision Date:	12/31/2014	UR Denial Date:	05/29/2014
Priority:	Standard	Application Received:	06/11/2014

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 Neurology, has a subspecialty in Neuromuscular Medicine and is licensed to practice in New Jersey. 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 45 year old woman who sustained a work-related injury on July 18 2010. Subsequently, the patient developed a chronic back pain and was diagnosed with post laminectomy syndrome lumbar region and sacroiliitis. According to a progress report dated on April 2102, the patient was complaining of back pain. The patient physical examination demonstrated lumbar tenderness with positive SLR. There is no recent comprehensive note regarding the patient condition. The patient was treated with opioids without full pain control. The provider requested authorization for the following medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Nucynta 150 mg #60 date of service: 5-15-2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-70.

Decision rationale: There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. There is no clear objective documentation of functional improvement or significant reduction of pain severity. There is no documentation of intolerance

of first line opioids. Based on the guidelines and documentation the prescription of Nucynta 150 mg #60 date of service: 5-15-2014 is not medically necessary.

Retrospective request for Oxycodone HCL 5 mg #20 date of service: 5-15-2014: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Oxycodone as well as other short acting opioids are indicated for intermittent or breakthrough pain (page 75). It can be used in acute post operative pain. It is not recommended for chronic pain of long-term use as prescribed in this case. There is no clear documentation for the need for continuous use of Oxycodone. There is no documentation for functional improvement with previous use of Oxycodone. There is no documentation of compliance of the patient with his medications. There is no recent documentation of breakthrough pain. Based on the above, the prescription of Oxycodone HCL 5 mg #20 date of service 5-15-2014 is not medically necessary.