

Case Number:	CM14-0097402		
Date Assigned:	09/16/2014	Date of Injury:	12/25/2008
Decision Date:	01/06/2015	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	06/25/2014

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 Family Medicine, 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 patient is a 41-year-old male with a date of injury of 12/25/2008. The mechanism of injury was described as moving a heavyset patient onto a backboard. He has chronic neck and back pain. A 5/1/2014 cervical spine MRI primarily showed degenerative changes with posterior disc bulges at C4-C5 and C5-C6. A 5/1/2014 MRI of the lumbar spine noted L3-L4 and L5-S1 facet hypertrophy and foraminal impingement. At L4-L5 disc desiccation was also noted, as was ligamentum flavum thickening severe bilateral foraminal stenosis, and mild central canal compression. L5-S1 was noted to have similar findings without any significant cord compression. He has the following diagnoses per a 9/21/2014 clinical summary letter: cervical radicular neuropathy/suprascapular neuralgia, cephalgia, thoracic radiculopathy, lumbar spondylosis with myelopathy, lumbar sciatica and discogenic pain, myofascial pain syndrome, and cervical sprain/strain. He is being treated with chronic narcotic pain medications as well as chronic muscle relaxants. He did undergo a Cervical Anterior Discectomy Fusion at C4-C6 in June of 2014. A utilization review physician did not fully certify requests for refills of Nucynta, Tramadol, and Skelaxin. Nucynta was only partially certified with the intent to wean the pain off his current opiate dose. Therefore, an Independent medical review was requested to determine the medical necessity of the aforementioned medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 150mg #90 with 1 Refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is not adequate documentation of improved functioning or decreased pain with this medication. Recent and frequent urine drug screens are also missed from the medical records provided. Therefore, this request for Nucynta is not medically necessary.

Tramadol 100mg #60 with 3 Refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 110-115.

Decision rationale: In accordance with California MTUS guidelines, narcotics for chronic pain management should be continued if "(a) If the patient has returned to work, (b) If the patient has improved functioning and pain." MTUS guidelines also recommend that narcotic medications only be prescribed for chronic pain when there is evidence of a pain management contract being upheld with proof of frequent urine drug screens. Regarding this patient's case, there is not adequate documentation of improved functioning or decreased pain with this medication. Recent and frequent urine drug screens are also missed from the medical records provided. Therefore, this request for Tramadol is not medically necessary.

Skelaxin 800 mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity/Antispasmodic Drugs Page(s): 100, 97.

Decision rationale: In accordance with the California MTUS guidelines, Skelaxin is a muscle relaxant and muscle relaxants are not recommended for the treatment of chronic pain. From the MTUS guidelines: "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Efficacy

appears to diminish over time, and prolonged use of some medications in this class may lead to dependence." Likewise, this request for Skelaxin is not medically necessary.