

Case Number:	CM15-0004005		
Date Assigned:	01/27/2015	Date of Injury:	11/18/2011
Decision Date:	03/24/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	01/08/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California, Arizona

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 45-year-old male who reported an injury on 11/18/2011. The mechanism of injury was not provided. His diagnoses include right hip avascular necrosis, severe right hip degenerative joint disease, lumbar radiculopathy, right paracentral and foraminal disc protrusion, right lateral disc protrusion, lumbar degenerative disc disease, lumbar facet joint arthropathy, hip pain, and elevated liver function tests. Past treatments were noted to include medications. On 01/13/2015, it is indicated the injured worker had complaints of bilateral low back pain that radiated to his right buttock, right posterior thigh, right posterior calf, and right Achilles with numbness and paresthesias. Upon physical examination, it was indicated the injured worker had tenderness upon palpation to the lumbar paraspinal muscles. Medications were noted to include Nucynta and Norco. The treatment plan was noted to include epidural steroid injections and medications. The request was previously denied due to a lack of documentation regarding side effects and efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Appeal, Nucynta ER 100mg #60: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a duration and frequency of use. As such, the request for Appeal, Nucynta ER 100mg #60 is not medically necessary.

Appeal Norco 10/325mg #150: Upheld

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

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

Decision rationale: According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4 A's. The 4 A's for ongoing monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of this medication, and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify a duration and frequency of use. As such, the request for Appeal Norco 10/325mg #150 is not medically necessary.