

<b>Case Number:</b>	CM15-0009720		
<b>Date Assigned:</b>	01/27/2015	<b>Date of Injury:</b>	02/05/2012
<b>Decision Date:</b>	03/24/2015	<b>UR Denial Date:</b>	12/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	01/16/2015

### 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: Oregon, California  
Certification(s)/Specialty: Neurological Surgery

### 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 54-year-old male who reported an injury on 02/05/2012 due to a fall. On 12/16/2014, he presented for a followup evaluation. He reported pain rated at an 8/10 in the low back. He noted this pain to be reduced to a 2/10 to 3/10 with his medications. His medications include Nucynta 100 mg 1 by mouth every 6 hours as needed for breakthrough pain, trazodone 100 mg 1 to 3 by mouth at bedtime, Ativan 2 mg 1 tab by mouth twice a day as needed for anxiety, Cymbalta 30 mg 1 by mouth daily, and Opana ER 30 mg 1 by mouth in the morning. A physical examination was not performed. He was diagnosed with degenerative joint disease of the lumbar spine, facet arthropathy at the L4-5 and L5-S1, and lumbar radiculopathy. The treatment plan was for Nucynta 100 mg #20, Opana ER 30 mg #30, and a consultation with a neuropsychologist.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta 100mg, #120:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker did note a reduction in his pain levels with the use of his medications. However, there was a lack of documentation showing physical examination findings indicating objective evidence of improvement with the use of this medication to support its continuation. Also, official urine drug screens and/or CURES reports were not provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Opana ER 30mg, #30:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Pain Procedure Summary

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

**Decision rationale:** According to the California MTUS Guidelines, an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. Based on the clinical documentation submitted for review, the injured worker did note a reduction in his pain levels with the use of his medications. However, there was a lack of documentation showing physical examination findings indicating objective evidence of improvement with the use of this medication to support its continuation. Also, official urine drug screens and/or CURES reports were not provided for review to validate that he has been compliant with his medication regimen. Furthermore, the frequency of the medication was not stated within the request. Therefore, the request is not supported. As such, the request is not medically necessary.

**Consultation with a Neuropsychologist (Spinal Cord Stimulator trial):** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Office Visits.

**Decision rationale:** According to the Official Disability Guidelines, office visits should be determined based on a review of the injured workers signs and symptoms, clinical stability, and

physical examination findings. Based on the clinical documentation submitted for review, the injured worker was noted to be symptomatic regarding the lumbar spine. However, there is a lack of documentation to support the medical necessity of an outside consultation. In addition, a clear rationale was not provided for review for the medical necessity of a consultation with a neuropsychologist. In the absence of this information, the request would not be supported by the evidence based guidelines. As such, the request is not medically necessary.