

Case Number:	CM15-0023799		
Date Assigned:	02/13/2015	Date of Injury:	06/22/1999
Decision Date:	04/06/2015	UR Denial Date:	01/30/2015
Priority:	Standard	Application Received:	02/09/2015

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
 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 62-year-old male who reported an injury on 06/22/1999 due to an unspecified mechanism of injury. On 01/15/2015, he presented for a follow-up evaluation with worsening pain in his back shooting down his right leg. It was stated that he had been using Nucynta tablets occasionally for pain and was also using ibuprofen for inflammation and omeprazole for dyspepsia. He rated his pain at a 9/10 with his best being a 4/10 with medications and his worst being a 10/10 without them. He reported a 50% reduction in pain and 50% functional improvement with activities of daily living with his medications. A physical examination was noted to be unchanged from the prior visit. The back examination showed loss of lordotic curvature and rigidity palpable in the lumbar trunk. There was sensory loss to light touch and pinprick in the right lateral calf and bottom of the foot and deep tendon reflexes were 1+ at the knees and absent at the right Achilles and a 1+ in the left Achilles. There was 5/5 strength in the lower extremity muscle groups and he ambulated with a limp in the right lower extremity. He was diagnosed with low back pain and severe facet arthrosis with overgrowth causing neural foraminal compromise and history of GERD and peptic ulcer disease. The treatment plan was for Nucynta ER 100 mg #120. The rationale for treatment was to alleviate the injured worker's symptoms.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucyntal IR 100mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic) Opioids, dosing, Lumbar Spine.

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

Decision rationale: The California MTUS Guidelines indicate that an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be performed during opioid therapy. The documentation provided does show that the injured worker was having a quantitative decrease in pain and an improvement in function with the use of his medications. However, no official urine drug screens or CURES reports were provided for review to validate that he has been compliant with his medication regimen and show that he is being screened for aberrant drug taking behaviors. Also, the frequency of the medication was not stated within the request. Without this information, the request would not be supported by the evidence based guidelines. Therefore, the request is not medically necessary.