

Case Number:	CM15-0040138		
Date Assigned:	03/10/2015	Date of Injury:	05/13/2004
Decision Date:	04/13/2015	UR Denial Date:	02/21/2015
Priority:	Standard	Application Received:	03/03/2015

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: Connecticut, California, Virginia
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 52-year-old male, who sustained an industrial injury on 05/13/2004. On provider visit dated 02/10/2015 the injured worker has reported chronic low back pain. On examination of lumbar spine was noted to have tenderness to palpation with muscle spasms and related myofascial restrictions, sacroiliac joints and SI joints are painful to palpation bilaterally, along with decreased range of motion. The diagnoses have included numbness, lumbar radiculitis, and post laminectomy syndrome of lumbar region, lumbar degenerative disc disease, and chronic pain syndrome and muscle pain. Treatment to date has included medications, ice and heat.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine Drug Screen: 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines urine drug screening Page(s): 89.

Decision rationale: The MTUS Chronic Pain guidelines describe urine drug testing as an option to assess for the use or presence of illegal drugs. Given this patient's history based on the provided documentation, the claimant has been tested multiple times in the recent past, and without documentation of concerns for abuse/misuse or aberrant behavior, further screening cannot be substantiated at this time and is therefore not considered medically necessary.

Nucynta 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).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

Decision rationale: Chronic use of opioids is addressed thoroughly by the MTUS chronic pain guidelines and given the long history of pain treatment in this patient since the initial date of injury, consideration of the MTUS Criteria for Use of Opioids in chronic pain is appropriate. Documentation of pain and functional improvement are critical components, along with documentation of adverse effects. While the MTUS does not specifically detail a set visit frequency for re-evaluation, recommended duration between visits is 1 to 6 months. Consideration of additional expertise in pain management should be considered if there is no evidence of improvement in the long term. Consideration of other pain treatment modalities and adjuvants is also recommended. If there was objective evidence of functional improvement on the medication, it should be documented clearly in order to consider continuation of opioid treatment. Without strong evidence of functional improvement (return to work, etc.) while taking the medication per the provided records, the request for Nucynta currently is not considered in the opinion of this reviewer to be medically necessary and appropriate given the risk of dependency, etc.