

Case Number:	CM15-0050532		
Date Assigned:	03/24/2015	Date of Injury:	10/17/2014
Decision Date:	05/01/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/17/2015

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: Orthopedic 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 30 year old female with an industrial injury dated 10/17/2014. Her diagnoses included low back pain, coccyx fracture and coccydynia. Prior treatments include medications and physical therapy. She presents on 02/11/2015 with complaints of severe pain rated at 10. She had pain during bowel movement. She states OxyContin reduces her pain from 10 to 5 for a couple of hours but when pain returns it is stronger. Physical exam revealed no swelling or ecchymosis with tenderness to palpation over the coccyx area. The provider is requesting surgery consultation, physical therapy and pain medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #60 1 tab BID: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Tapentadol.

Decision rationale: CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case, the exam note from 2/11/15 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Surgical Consult: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ACOME Guidelines, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 288.

Decision rationale: CA MTUS/ACOEM guidelines: Low back complaints, page 288 recommends referral for clear clinical imaging and electro diagnostic evidence of a lesion shown to benefit from surgical repair. There is no evidence in the exam note of 2/11/15 of significant and specific nerve root compromise or confirmed diagnostic study to warrant referral to a neurosurgeon or specialist. Therefore, the cited guidelines criteria have not been met and determination is non-certification. Therefore, the requested treatment is not medically necessary.

Physical Therapy: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical medicine Page(s): 98-99.

Decision rationale: CA MTUS/Chronic Pain Medical Treatment Guidelines, Physical Medicine, page 98-99 recommend the following for non-surgical musculoskeletal conditions, Physical Medicine Guidelines Allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. Myalgia and myositis, unspecified (ICD9 729.1): 9-10 visits over 8 weeks Neuralgia, neuritis, and radiculitis, unspecified (ICD9 729.2) 8-10 visits over 4 weeks As the requested is for an unspecified amount of therapy, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.