

Case Number:	CM15-0093692		
Date Assigned:	05/20/2015	Date of Injury:	10/02/2008
Decision Date:	12/03/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/15/2015

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: Utah, Arkansas

Certification(s)/Specialty: Family Practice, Sports 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 58 year old female, who sustained an industrial injury on 10-2-2008. Diagnoses include lumbar radiculopathy, herniated lumbar disc, muscle strain, and ischial tuberosity-bursitis. Treatments to date include Nucynta and transforaminal steroid injection. On 2-23-15, she complained of low back pain with radiation to the right lower extremity. The record documented "was not dispensed her Nucynta until 2-19-15 due to problems getting in covered. Nucynta is necessary for functional pain control." Prior transforaminal epidural steroid injection provided in May 2014, was noted successful, however, pain was returning. The physical examination documented lumbar tenderness with muscle spasm noted, and a positive right side straight leg raise, and with decreased strength to right lower extremity. The plan of care included a prescription for Nucynta 50mg, one tablet daily, #30. The appeal requested authorization for Nucynta 50mg #60; eight (8) physical therapy sessions, twice a week for four weeks for the lumbar spine. The Utilization Reviews dated 4-28-15, denied these requests.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Nucynta 50mg Qty: 60, refills not specified as related to the lumbar spine injury, as outpatient: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The MTUS indicates that ongoing management of opioids includes documentation of prescriptions given from a single practitioner, prescriptions from a single pharmacy and the lowest dose should be used to improve function. There should also be an ongoing review of the 4 A's, including analgesia, activities of daily living, adverse side effects, and aberrant drug behaviors. This has been documented in the clinical records. According to the clinical documentation provided and current MTUS guidelines; Nucynta, as written above, is medically necessary to the patient at this time.

8 Physical Therapy for lumbar spine, 2 times a week for 4 weeks as outpatient: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Physical Medicine.

Decision rationale: MTUS treatment guidelines were reviewed in regards to this specific case, and the clinical documents were reviewed. The request is for physical therapy sessions. 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. Reflex sympathetic dystrophy (CRPS) (ICD9 337.2): 24 visits over 16 weeks. Given the patient's current diagnosis, physical therapy would be indicated. There is lack documentation that states the patient has done physical therapy prior. According to the clinical documentation provided and current MTUS guidelines; Physical therapy, as written above, is medically necessary to the patient at this time.