

Case Number:	CM14-0119538		
Date Assigned:	08/08/2014	Date of Injury:	03/06/2001
Decision Date:	10/16/2014	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Florida. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 03/06/2001. The mechanism of injury was not submitted for clinical review. The diagnoses included CRPS, failed back surgery, and lumbar radiculopathy. The previous treatments included medication and surgery. The diagnostic testing included an x-ray. Within the clinical note dated 06/02/2014 it was reported the injured worker complained of pain rated 8/10 to 9/10 without medication. On physical examination, the provider noted the injured worker had a positive straight leg raise on the left at 45 degrees and on the right at 90 degrees. The clinical documentation submitted is largely illegible. The provider requested Nucynta, Butrans patch, and Norco. However, a rationale is not submitted for clinical review. The request for authorization was not submitted for clinical review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The MTUS Chronic Pain Guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider did not document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.

Butrans 10mcg/hr 1 Patch #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27.

Decision rationale: The MTUS Chronic Pain Guidelines note group Buprenorphine is recommended for the treatment of opioid addiction, recommended as an option for chronic pain especially after detoxification in patients who have a history of opioid addiction. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. There is lack of clinical documentation indicating the injured worker is treated for opioid addiction. Therefore, the request is not medically necessary.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: The MTUS Chronic Pain Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The guidelines recommend the use of a urine drug screen or inpatient treatment with issues of abuse, addiction, or poor pain control. There is lack of documentation indicating the efficacy of the medication as evidenced by significant functional improvement. The provider did not document an adequate and complete pain assessment within the documentation. Additionally, the use of a urine drug screen was not submitted for clinical review. Therefore, the request is not medically necessary.