

Case Number:	CM14-0168407		
Date Assigned:	10/16/2014	Date of Injury:	03/28/1989
Decision Date:	11/18/2014	UR Denial Date:	09/23/2014
Priority:	Standard	Application Received:	10/13/2014

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 Physical Medicine & Rehabilitation and is licensed to practice in Illinois. 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 57 year old male who reported injury on 03/28/1989 due to a fall. He is diagnosed with cervical degenerative disc disease and chronic pain. His past treatments included medications and physical therapy. On 06/02/2014, a drug screening was performed and revealed consistent results. On 09/16/2014, the injured worker reported unspecified pain, rated 8-10/10. The injured worker was noted to be without medications for two weeks. He was noted to have symptoms of withdrawal. On physical examination, the treating physician noted him to be clammy and slightly restless. The clinical note was largely illegible. His medications included Oxycodone 10/325mg, Nucynta 75mg and Clonidine 0.1mg. He has been on Percocet since at least 02/2014 and Nucynta since at least 08/2014. The treatment plan was for medications. A request was received for Narcotic Percocet 10/325mg, 1-2 po q 4; no refills, QTY: 240 and Nucynta 75mg, 1-2 po q4; no refills ATY: 60. The rationale was not provided. The Request for Authorization was submitted on 10/08/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Percocet 10/325mg, 1-2 po q 4; no refills, QTY: 240: Upheld

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

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

Decision rationale: The injured worker complained of pain, rated as 8-10/10. He had been taking the requested medication since at least 02/2014. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use, aberrant medication risk and side effects. There was evidence of consistent results on urine drug screen on 06/02/2014, verifying appropriate medication use. However, the documentation submitted for review does not indicate that use of Percocet has helped him significantly with pain relief and increased ability to perform activities of daily living. His pain was 8-10/10 but does not state if that was without or without medications. Therefore, adequate pain relief and improved function have not been established. Additionally, there was no mention if the injured worker had any side effects with medication use. Based on this documentation, continued use of Percocet would not be supported by guidelines. As such, the request is not medically necessary.

Nucynta 75mg, 1-2 po q 4; no refills QTY: 60: Upheld

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

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

Decision rationale: The injured worker complained of pain, rated as 8-10/10. He had been taking the requested medication since at least 08/2014. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medications use, aberrant events and side effects. The documentation submitted for review does not indicate that use of Nucynta has helped him significantly with pain relief and increased ability to perform activities of daily living. His pain was 8-10/10 but does not state if that was without or without medications. Therefore, adequate pain relief and improved function have not been established. There was a drug screening done on 06/02/2014, however, it did not indicate if the use of Nucynta was tested, therefore, it does not clearly verify appropriate medication use. Additionally, there was no mention if the injured worker had any side effects with medication use. Based on this documentation, continued use of Nucynta would not be supported by guidelines. As such, the request is not medically necessary.