

Case Number:	CM14-0212397		
Date Assigned:	01/02/2015	Date of Injury:	01/02/2001
Decision Date:	02/23/2015	UR Denial Date:	12/01/2014
Priority:	Standard	Application Received:	12/18/2014

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. 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, Washington

Certification(s)/Specialty: Physical Medicine & Rehabn, Pain Management

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 49-year-old male who reported an injury on 01/02/2001. The mechanism of injury was not provided. His diagnoses were noted to include status post spinal cord stimulator implant, failed back surgery syndrome, bilateral lower extremity lumbar radiculopathy, status post L3-S1 fusion, painful symptomatic lumbar focal disc protrusion, positive lumbar discogram, lumbar postlaminectomy syndrome, lumbar degenerative disc disease, lumbar radiculopathy, severe bilateral L2 neural foraminal stenosis, moderate L2-3 central stenosis, and hypogonadism secondary to chronic pain. Past treatments were noted to include medications and surgery. On 12/17/2014, it was noted the injured worker complained of severe bilateral low back pain that radiated to his lower limbs. Upon physical examination, it was noted the injured worker had positive lumbar spasms and he had restricted range of motion to his lumbar spine in all planes. Relevant medications were noted to include baclofen 10 mg, Ambien 10 mg, morphine sulfate 30 mg, Silenor 6 mg, Lyrica 150 mg, and Nucynta 150 mg. The treatment plan was noted to include medications. A request was received for Nucynta ER 150 mg #60 for pain relief. The Request for Authorization was signed 12/18/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #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, criteria for use Page(s): 78.

Decision rationale: The request for Nucynta ER 150mg #60 is not medically necessary. According to the California MTUS Guidelines, ongoing use of opioids must be monitored with the direction of the 4A's. the 4A's for ongoing monitoring include analgesia, activities of daily living (ADLs), adverse side effects, and aberrant drug taking behaviors. The clinical documentation submitted for review did not indicate the injured worker's pain and ADLs with and without the use of the medication, adverse side effects, and a urine drug screen was not provided to determine medication compliance. Consequently, the request is not supported by the evidence based guidelines. Additionally, the request does not specify duration and frequency of use. As such, the request for Nucynta ER 150mg #60 is not medical necessary.