

Case Number:	CM14-0096980		
Date Assigned:	08/06/2014	Date of Injury:	04/14/1993
Decision Date:	05/15/2015	UR Denial Date:	06/07/2014
Priority:	Standard	Application Received:	06/25/2014

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 male who reported an injury on 04/14/1993. The mechanism of injury was a motor vehicle accident. The injured worker's medications were noted to include Nucynta 100 mg 1 every 4 hours, Nuvigil 150 mg 1 per day, and Skelaxin 800 mg 1 by mouth 3 times a day since at least 12/2013. The injured worker underwent urine drug screens. The injured worker was noted to be monitored through CURES. The documentation of 02/03/2015 revealed the injured worker continued to have pain and had discontinued the Skelaxin. The injured worker was utilizing tapentadol 100 mg. The injured worker indicated the medication improved his functional capacity and expanded his activities of daily living and he was able to do a little gardening. The injured worker indicated he was able to ambulate approximately at 1 half of the day if he took his pain medication; however, without it, he would be limited to short walks within his house. The physical examination revealed tenderness at the left thigh musculature. The injured worker was tender in the paravertebral muscles of the lumbar spine on the left. The injured worker had decreased range of motion of the lumbar spine. The documentation indicated there was a Request for Authorization submitted for review for Nucynta 100 mg #180, Skelaxin 800 mg #90, and toxicology urine testing, as well as surgical intervention. The diagnosis included displacement of lumbar disc without myelopathy, degeneration of lumbar disc, lumbosacral radiculitis, and lumbosacral muscle spasms. The injured worker was noted to be able to perform activities of daily living with medications only. The injured worker was in a high risk category on the basis of continuing to require Nucynta. The treatment plan included

continue Nucynta 100 mg every 4 hours and appropriate toxicological testing on behalf of the injured worker.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for Chronic pain, ongoing management Page(s): 60, 78.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend opioids for the treatment of chronic pain. There should be documentation of objective functional improvement, an objective decrease in pain, and documentation the injured worker is being monitored for aberrant drug behavior and side effects. The clinical documentation submitted for review indicated the injured worker was being monitored for aberrant drug behavior and side effects. There was documentation of objective functional improvement. There was a lack of documentation of an objective decrease in pain. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Nucynta 100 mg #180 is not medically necessary.

Nuvigil 150mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Armodafinil (Nuvigil).

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

Decision rationale: The Official Disability Guidelines indicate that Nuvigil is not recommended solely to counteract the sedative effects of narcotics. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. There was a lack of documented rationale. The request as submitted failed to indicate the frequency for the requested medication. The efficacy was not provided. Given the above, the request for Nuvigil 150 mg #30 is not medically necessary.

Skelaxin 800mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend muscle relaxants as a second line option for the short term treatment of acute low back pain. Their use is recommended for less than 3 weeks. The clinical documentation submitted for review indicated the injured worker had utilized the medication for an extended duration of time. Additionally, the documentation indicated the injured worker had stopped the medication. The specific date of service being requested was not provided. The request as submitted failed to indicate the frequency for the requested medication. Given the above, the request for Skelaxin 800 mg #90 is not medically necessary.

Genetic testing: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, genetic testing for potential opioid abuse.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine, DNA Testing for Pain Page(s): 42.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that cytokine DNA testing for pain is not recommended. The clinical documentation submitted for review failed to provide documented rationale for the request. The specific genetic testing that is being requested was not provided. Given the above, the request for genetic testing is not medically necessary.

Urine drug screening: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, (Acute & Chronic) criteria for use of urine drug testing.

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

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines recommend urine drug screens for injured workers who have documented issues of abuse, addiction, or poor pain control. The clinical documentation submitted for review failed to provide documentation of the above criteria. The request as submitted failed to indicate the date for the specific request. Given the above, the request for urine drug screen is not medically necessary.

Molecular pathology procedure.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cytokine, DNA Testing for Pain Page(s): 42.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines indicate that cytokine DNA testing for pain is not recommended. The clinical documentation submitted for review failed to provide documented rationale for the request. There was a lack of documentation indicating a necessity for molecular pathology procedure. The request as submitted failed to indicate the specific procedure being requested. Given the above, the request for Molecular pathology procedure is not medically necessary.