

<b>Case Number:</b>	CM15-0124288		
<b>Date Assigned:</b>	07/08/2015	<b>Date of Injury:</b>	08/20/2009
<b>Decision Date:</b>	08/11/2015	<b>UR Denial Date:</b>	06/12/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	06/26/2015

### 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: Texas, New York, California  
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 20, 2009. In a Utilization Review report dated June 12, 2015, the claims administrator failed to approve a request for Nucynta, Nucynta extended release, and a urine drug screen. The claims administrator referenced a June 8, 2013 progress note in its determination. The applicant's attorney subsequently appealed; however, the only progress note seemingly incorporated by either the applicant's attorney or the claims administrator was an Agreed Medical Evaluation (AME) report dated February 28, 2013. The applicant was described as having ongoing complaints of low back pain at that point in time. The applicant had previously received a 36% permanent partial disability work, it was reported. The applicant reported difficulty with walking and negotiating stairs. 8/10 pain complaints were reported. Sitting, driving, and standing remained problematic, it was reported. The applicant was given three tablets of Vicodin daily, it was reported. The applicant was given 16% Whole Person Impairment (WPI) rating. Permanent work restrictions were imposed. The medical-legal evaluator opined that the applicant was not capable of returning to work.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Nucynta ER 200mg:** 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 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** No, the request for Nucynta extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was not working, it was reported above, as of the medical-legal evaluation dated February 28, 2013. More recent clinical progress notes established in the applicant's current work status and response to ongoing usage of Nucynta extended release were not furnished either by the claims administrator or the applicant's attorney. The June 8, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet. The historical information on file, however, failed to support or substantiates the request. Therefore, the request was not medically necessary.

**Nucynta 100mg:** 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 7) When to Continue Opioids Page(s): 80.

**Decision rationale:** Similarly, the request for Nucynta, a short acting opioid, was likewise not medically necessary, medically appropriate, and indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was no longer working it was suggested on a historical medical-legal evaluation of February 28, 2013. The June 8, 2015 progress note made available to the claims administrator was not seemingly incorporated into the IMR packet. The historical information on file, however, failed to support or substantiates the request. There was no mention of the applicant using Nucynta on the February 28, 2013 agreed Medical Evaluation (AME) report provided. Therefore, the request was not medically necessary.

**Urine drug screen:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Drug testing Page(s): 43. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Urine drug testing (UDT).

**Decision rationale:** Finally, the request for a urine drug screen was likewise not medically necessary, medically appropriate, or indicated here. While page 43 of the MTUS Chronic Pain Medical Treatment Guidelines does support intermittent drug testing in the chronic pain population, the MTUS does not establish specific parameters for or identify a frequency with which to perform drug testing. ODGs Chronic Pain Chapter Urine drug testing topic, however, stipulate that an attending provider attach an applicant's complete medication list with the request for authorization testing, eschew confirmatory and/or quantitative testing outside of the emergency department drug overdose context, clearly state when an applicant was last tested, attempt to categorize the applicant into higher- or lower-risk categories for whom more or less frequent drug testing would be indicated. ODG's Chronic Pain Chapter Urine drug testing topic, however, stipulates that an attending provider attach an applicant's complete medication list to the request for authorization for testing, eschew confirmatory and/or quantitative testing outside of the Emergency Department drug overdose context, clearly state which drug testing and/or drug panels he intends to test for and why, and attempt to conform to the best practice of the United States Department of Transportation (DOT) when performing drug testing. Here, however, the June 8, 2015 progress note on which urine drug testing at issue was sought was not incorporated into the IMR packet. The applicant's complete medication list as of that date was not furnished. The attending provider neither signaled his intention to conform to the best practice of the United State Department of Transportation (DOT) nor signaled his intention to eschew confirmatory and/or quantitative testing here, as neither the June 8, 2015 progress nor the June 9, 2015 RFA form in which the article in question was proposed were incorporated into the IMR packet. The historical information on file failed to support or substantiates the request. Therefore, the request was not medically necessary.