

Independent Medical Review Final Determination Letter

1172

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Dated: 12/18/2013

IMR Case Number:	CM13-0018664	Date of Injury:	04/06/1990
Claims Number:	[REDACTED]	UR Denial Date:	08/20/2013
Priority:	STANDARD	Application Received:	08/30/2013
Employee Name:	[REDACTED]		
Provider Name:	[REDACTED]		
Treatment(s) in Dispute Listed on IMR Application:			
NUCYNTA 50MG #30 WITH 1 REFILL			

DEAR [REDACTED],

MAXIMUS Federal Services has completed the Independent Medical Review (“IMR”) of the above workers’ compensation case. This letter provides you with the IMR Final Determination and explains how the determination was made.

Final Determination: UPHOLD. This means we decided that none of the disputed items/services are medically necessary and appropriate. A detailed explanation of the decision for each of the disputed items/services is provided later in this letter.

The determination of MAXIMUS Federal Services and its physician reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties.

In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: Department of Industrial Relations, [REDACTED]
[REDACTED]

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in Texas. 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 physician 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.

DOCUMENTS REVIEWED

The following relevant documents received from the interested parties and the documents provided with the application were reviewed and considered. These documents included:

- Application of Independent Medical Review
- Utilization Review Determination
- Medical Records from Claims Administrator
- Medical Treatment Utilization Schedule (MTUS)

CLINICAL CASE SUMMARY

The physician reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 58-year-old female who reported a work-related injury on 04/06/1990. The patient is diagnosed with post lumbar laminectomy syndrome, lumbar radiculopathy, lumbar disc disorder, and sacroiliac pain. The patient has undergone lumbar epidural steroid injections, cervical facet joint injection, cervical medial branch blocks, and cervical rhizotomy. The patient has undergone conservative treatment including nonsteroidal anti-inflammatory medications (NSAIDs) and physical therapy sessions. The patient's medications include Nucynta, Skelaxin, Senokot, Flector patches, ibuprofen, Axert, and Lyrica.

IMR DECISION(S) AND RATIONALE(S)

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

1. Nucynta 50mg #30 is not medically necessary and appropriate.

The Claims Administrator based its decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pg 78, which is part of the MTUS.

The Physician Reviewer based his/her decision on the Chronic Pain Medical Treatment Guidelines, Opioids, criteria for use, pg 80, which is part of the MTUS.

The Physician Reviewer's decision rationale:

The guidelines state there should be an ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects for individuals using opioids. A pain assessment should be documented, including the individual's current pain, the least reported pain over period since last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. The clinical note dated 07/23/2013 reported that the employee presented for lower backache, and the employee's pain level had remained unchanged since the last visit. The employee noted her quality of sleep was fair, and the employee's activity level had remained the same. The documentation noted that with Nucynta, the employee's pain was more tolerable, and she could complete her activities of daily living skills and self care. Clinical note dated 07/30/2013 stated that the employee presented for neck pain and bilateral upper extremity pain rated as 3 on a scale of 1 to 10. The employee noted quality of sleep was fair, and the employee's activity level had remained the same. No side effects were reported from medication use. The submitted medical records noted pain symptoms on a continuous basis, but they are alleviated somewhat by current medications. The documentation presented for review did not include an ongoing pain assessment for the employee, including the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid, and how long it takes for pain relief. There was no documentation providing the employee's pain and functional levels prior to taking medication, which gives an unclear determination of response to treatment. **The requested Nucynta 50mg #30 is not medically necessary and appropriate.**

/rjs

Disclaimer: MAXIMUS is providing an independent review service under contract with the California Department of Industrial Relations. MAXIMUS is not engaged in the practice of law or medicine. Decisions about the use or nonuse of health care services and treatments are the sole responsibility of the patient and the patient's physician. MAXIMUS is not liable for any consequences arising from these decisions.

[REDACTED]

CM13-0018664