

Case Number:	CM13-0004577		
Date Assigned:	08/08/2013	Date of Injury:	12/17/2003
Decision Date:	01/06/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/29/2013

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 California. 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. 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:

This claimant is a 57-year-old male with a reported date of injury of 12/17/2003. The mechanism of injury was not specifically described by the records provided for this review. He was seen on 08/10/2012 at which time he described pain to his neck with a headache and described no new problems or side effects. He stated his quality of sleep was poor and activity level had maintained at the same level. Medications included Wellbutrin, Flector, Nucynta, Neurontin, lisinopril, and metformin. He returned to clinic on 11/30/2013 with continued complaints of pain stating that his activity level had not changed. Pain was rated at 7/10 at that time. Medications included Levitra, trazodone, Wellbutrin, Flector, and Nucynta 50 mg 1 twice daily. Urine drug screen was found to be inconsistent for tipendadol and gabapentin. He returned to clinic on 01/25/2013 stating his pain had increased without any new injuries being noted and reported pain had increased secondary to cold weather. He was continued on medications including Nucynta. On 04/16/2013, he was taken to surgery for a cervical epidural injection. On 05/17/2013, he returned to clinic and continued to report pain and reported 100% relief of his radiating pain since his epidural injection. His quality of sleep was fair and he denied new injuries. Upon examination, he was found to have tenderness to the lumbar spine, left shoulder, and cervical spine. Sensory exam revealed sensation decreased over the C5 distribution on the right side. On 07/12/2013, he returned to clinic and continued to describe pain. He stated his pain had increased since his last visit without new problems or side effects being noted. He described his quality of sleep as being poor. He was taking his medications as prescribed. Medications included trazodone, Wellbutrin, and Nucynta 50 mg tablet 1 twice daily as needed. Diagnoses included cervical radiculopathy and post cervical laminectomy syndrome. Plan was to continue with Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #60 between 7/12/13 & 9/14/13: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, when to discontinue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: After professional and thorough review of the documents, my analysis is request for Nucynta 50 mg #60 between 07/12/2013 and 09/14/2013 is not medically necessary. The rationale for why the requested treatment is not medically necessary is that when this patient was seen on 07/12/2013, he described no new problems or side effects but did describe quality of sleep was poor. He did not rate his pain level objectively at that time. The records do not indicate that he has had urine drug screens to assess for aberrant drug taking behavior in the most recent past. MTUS Chronic Pain Guidelines in describing this medication as an opiate, state that the 4A's should be monitored. This includes analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors. "Monitoring of the use outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." MTUS Chronic Pain Guidelines go further indicating that for initiation of therapy with opiates, the provider should start with a short-acting opiate, trying 1 medication at a time. Guidelines indicate that use of drug screening or inpatient treatment with the issues of abuse, addiction, or poor pain control should be provided with continuing review of overall situation with regard to non-opiate means of pain control. MTUS Chronic Pain Guidelines indicate there should be consideration of a consultation with a multidisciplinary pain clinic if doses of opiates are required beyond what is usually required for the condition or pain does not improve on opiates in 3 months. They also indicate a consideration should be given for a psych consult if there is evidence of depression, anxiety, or irritability. MTUS Chronic Pain Guidelines indicate that if the patient has returned to work or if the patient has improved functioning and pain, opiates can be continued. They go further and indicate that for chronic back pain opiates appear to efficacious but limited for short-term pain relief and long-term efficacy is unclear greater than 16 weeks but also appears limited. The submitted records again do not indicate objectively that this patient has pain as his VAS scale was not documented on his last clinical exam. Records do not document failure with lesser medications as the records indicate that when he was seen on 08/10/2012, he was on Nucynta at that time. The first clinical note provided for this review. Laboratory analysis has not been provided to document other adverse effects attributable to chronic opiate medications such as low testosterone. It also indicates his sleep quality is poor which may be indicative of this medication. Therefore, this request is not considered medically necessary at this time and is non-certified