

Case Number:	CM13-0005371		
Date Assigned:	01/31/2014	Date of Injury:	12/18/2008
Decision Date:	05/20/2014	UR Denial Date:	07/22/2013
Priority:	Standard	Application Received:	07/30/2013

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. The expert reviewer is Board Certified in Geriatrics, and is licensed to practice in New York. 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/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:

The injured worker is a 48 year old woman with a date of injury of 12/18/08. She was seen by her primary treating physician with complaints of 8/10 neck and back pain with left lower and left upper extremity numbness and tingling. She also had right hip pain for several days. She had a recent epidural injection and surgery for her lumbar spine had been requested. Her physical exam showed that she was tender to palpation over the cervical and lumbar paraspinals. Range of motion was decreased throughout the cervical, thoracic and lumbar spine. She had a positive straight leg raise on the left and was tender to palpation over the right trochanteric bursa. She had decreased left C5-7 and L4-5 /S1 dermatomes. An MRI of the lumbar spine from 2/6/13 showed degenerative disc disease with facet arthropathy an disc herniation of L4-5 and L5-S1 with left paracentral protrusion at L4-5. Her diagnoses were HNP of the lumbar and cervical spine with cervical stenosis, CRPS with failed spinal cord stimulator and right trochanteric bursitis. Her current medications of gabapentin, flexeril, prilosec and naproxen were said to be helping her pain and not causing side effects. She had not filled her nucynta. The medications are at issue in this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OMEPRAZOLE 20MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, GI Symptoms & Cardiovascular Risk Page(s): 68-69.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids, Gi Symptoms & Cardiovascular Risk Page(s): 68-69.

Decision rationale: Patient is on several medications including prilosec is a proton pump inhibitor which is used in conjunction with a prescription of a NSAID in patients at risk of gastrointestinal events. Per the MTUS, this would include those with: 1) age > 65 years; (2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple NSAID (e.g., NSAID + low-dose ASA). The records do not support that she is at high risk of gastrointestinal events to justify medical necessity of omeprazole

NAPROXEN 550MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 67-72.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nsaids Page(s): 66-73.

Decision rationale: NSAIDs are recommended as an option for short-term symptomatic relief. Likewise, for the treatment of long-term neuropathic pain, there is inconsistent evidence to support efficacy of NSAIDs. The medical records fail to document any significant improvement in pain or functional status to justify long-term use. The naproxen is not substantiated as medically necessary

NUCYNTA 50MG TID (THREE TIMES A DAY): 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 Page(s): 75. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: Uptodate, Overview Of The Treatment Of Chronic Pain And Nucynta Drug Information

Decision rationale: Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. Tapentadol is a Schedule II controlled substance in the United States which can lead to addiction. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. The MD visit of 6/13 fails to document justification for use of this class of medications. The medical necessity of nucynta is not substantiated in the records.