

Case Number:	CM13-0028422		
Date Assigned:	01/10/2014	Date of Injury:	12/17/2003
Decision Date:	05/20/2014	UR Denial Date:	09/16/2013
Priority:	Standard	Application Received:	09/24/2013

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 Emergency Medicine 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 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 patient is a male with a date of injury on 12/17/03. There is no mechanism of injury provided. The patient has a diagnosis of displacement of lumbar intervertebral disc without myelopathy, cervalgia and lumbago. Multiple medical reports from primary treating physician and consultants were reviewed. The patient complains of increasing low back pain with radiation to L lower extremity. The pain reported to be 6-8/10 at baseline. Also reports cervical neck pain with bilateral upper extremity pains. The objective exam reveals moderate tenderness to lumbar sacral spine with spasms, slow gait and normal lower and upper extremity motor strength. There are no noted neurological exams. The records report 40% pain reduction with medications and increases activities of daily function. The reports also note "no evidence of medication misuse." The patient is reportedly on a pain control and gets regular oral drug testing but no test results were provided. Note on 8/15/13 states that request for epidural injection for "increase low back pain and radiculopathy". MRI of lumbar spine on 10/2/13 reveals L3-5 poster fusion and pedicular screw, L3-4 and L4-5 laminectomy defect; L1-2 and L3-4 with disc narrowing, mild diffuse broad based disc bulge and arthropathy and mild interior foramina stenosis. L3-4 and L4-5 with discectomy suggested with fusion and with post op changes. The patient appears to have an intrathecal morphine pump with intrathecal Fentanyl, Kadian, Nucynta, Amitiza and Topirimate but no medication list was provided. The utilization review is for Kadian 80mg #120, lumbar spine epidural injection, Medrol pak and Nucynta 75mcg #150. Prior UR on 9/16/13 denied prescription for Medrol pack and lumbar spine epidural injection. It modified Kadian to #60 and Nucynta to #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

KADIAN 80MG #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management; Oral Morphine, Page(s): 78,96.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Kadian is an extended release morphine. As per California MTUS chronic pain guidelines, there are specific guidelines concerning management of chronic pain with opioids that should be followed while patient is on opioid therapy. Patient meets criteria for initiation and maintenance of opioids for pain control. However, guidelines recommend visits to treating physician every 2 weeks during the initial trial phase and then every 1-2 months and lengthened out as therapy is stabilized. As per the notes, patient is scheduled to see his treating physician monthly and has been consistent with these visits. The patient has chronically been on Kadian for at least 1 year with small changes in the dosage. The patient takes 1-2 tabs a day; this would lead to a supply of 60-120 days. Such a large prescription would not meet California MTUS chronic pain guidelines for close monitoring of chronic opioid therapy. The prescription for Kadian 80mg #120 is not medically appropriate

LUMBAR SPINE EPIDURAL INJECTION: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections, (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: As per California MTUS Chronic pain guidelines, spinal epidural injections are recommended for radicular pain under specific criteria. Criteria requires documentation of physical exam consistent with radicular pain along with imaging findings consistent with radiculopathy. It also requires failure of conservative therapy. The documentation provided by primary treating physician does not meet the required criteria. There is no physical exam documentation of radiculopathy. There is some documentation mentioning that pain is worsening despite other treatments and imaging is supports potential radiculopathy. However since there is no documented physical exam of radiculopathy or details of injection planned, the requested lumbar spine epidural injection is not medically necessary.

MEDROL PAK: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299-301.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Low Back Chapter, Corticosteroids.

Decision rationale: Medrol Pak is solumedrol, a corticosteroid. As per ACOEM guidelines, oral corticosteroids are not recommended for low back pain. Review of ODG, states that it is generally not recommended except for some cases of radiculopathy. Documentation does not support radiculopathy therefore even in exception cases, as per California MTUS guidelines and ODG guidelines Medrol Pak is not recommended.

NUCYNTA 75MG #150: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 89-93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79.

Decision rationale: Nucynta is tapentadol, a synthetic opioid agonist with norepinephrine uptake activity. As per California MTUS chronic pain guidelines, there are specific guidelines concerning management of chronic pain with opioids that should be followed while patient is on opioid therapy. The patient meets criteria for initiation and maintenance of opioids for pain control. Guidelines recommend visits to treating physician every 2weeks during the initial trial phase and then every 1-2months and lengthened out as therapy is stabilized. As per the notes, patient is scheduled to see his treating physician monthly and has been consistent with these visits. Patient has chronically been on Nucynta for at least 1year with no changes in the dosage. The patient's monitoring program and maintenance on Nucynta is appropriate. The prescription for Nucynta 75mg #150 is medically necessary.