MAXIMUS Federal Services

Case Number:	CM13-0040201		
Date Assigned:	12/20/2013	Date of Injury:	08/30/2007
Decision Date:	04/10/2014	UR Denial Date:	10/21/2013
Priority:	Standard	Application Received:	10/29/2013

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 Internal 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 55 year old female who was injured on 08/30/2007 while she was lifting a bed frame with a coworker in layaway and had to lift it overhead when she pulled something in her back and the pain immediately radiated into the left buttock and down the left leg to the foot. Prior treatment history has included x-ray, physical therapy prescribed, TENS unit, and epidural injections which she states again did not get much relief. She also had facet blocks at L4-5 and L5-S1 that did not help either. Medications have included Gabapentin 600 mg 1 po tid, Percocet 10/325 mg, Norco 10/325 mg Flexeril 7.5 mg 1 po bid, Terocin cream, Lidoderm patches She feels that her medications help provide pain relief, decrease muscle tightness, improved functional mobility and enhance mood. Diagnostic studies reviewed include: MRI of the lumbar spine dated 08/04/2011 with the following impression: L4-L5: 1 mm broad based disc bulge with mid facet hypertrophy. Mild neural foraminal stenosis on the right and mild to moderate on the left. The disc material contacts the lateral aspect of the right exiting L4 nerve. L5-S1: Mild to moderate facet hypertrophy. Mild neural foraminal narrowing right greater than left. The disc material contacts the lateral aspect of the right exiting L5 nerve . MRI of the lumbar spine dated 04/30/2013 with the following impression: L4-L5: 2 mm disc protrusion superimposed on a broad based disc bulge with borderline lateral recess stenosis, right greater than left. There is no central canal stenosis. There is mild to moderate neural foraminal stenosis on the left re-demonstrated and mild on the right. L5-S1: Mild to moderate facet hypertrophy with changes of synovitis to the facet joints. Mild neural foraminal narrowing, right greater than left. There is no central canal stenosis (stable). MRI of the lumbar spine with 3D reconstruction dated 04/30/2013 with the following impression: 1) Slight progression of multifoctorial changes at L4-L5 with borderline lateral recess stenosis and neural foraminal narrowing as well as facet joint synovitis. 2) Essentially stable appearance at L5-S1. No urine analysis report submitted for

review. Progress report dated 5/24/2013 documented the patient to have complaints of her pain being worse. Her gabapentin was increased to 600 tid and she was also started on Percocet. She was to continue Norco. Progress report dated 9/6/13 documented the patient doing well on her current pain regimen including gabapentin, Norco and Percocet, however, the physician would like to consider switching Percocet to a long acting medication and reducing the dose of Norco. Since the patient was going to go on up upcoming trip for 6 weeks, the physician wanted to avoid problems and waited for patient to come back before further medication changes. In subsequent notes, the patient was started on the long acting analgesic Nucynta ER. Progress note dated 11/18/2013 documents the patient's pain being well controlled with the long acting analgesic Nucynta ER, in addition to lower dose requirements for Norco. She was also continuing her gabapentin at that time. In subsequent notes, she was documented to have > 50% pain relief for 2-3 hours with her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA ER 50MG TABLET #60 FOR 30 DAY SUPPLY WITH 0 REFILLS:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, CRITERIA FOR USE.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol.

Decision rationale: The Expert Reviewer's decision rationale: According to the Official Disability Guidelines, Tapentadol may be recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Tapentadol ER is considered when a continuous, around-the-clock opioid analgesic is needed for an extended period of time. The notes document that the patient's pain was not well controlled on Norco and gabapentin alone. She was subsequently started on Percocet transiently with an increase in gabapentin dose to 600mg tid. Her physician documented that the patient would benefit from a long acting opiate (Nucynta) with concomitant use of Norco for breath through pain, but that he wanted to wait before starting this medication as the patient had an upcoming trip. In subsequent records, the patient is noted to have significantly benefited in terms of pain control (50% less pain for 2-3 hours) with the use of Nucynta. Nucynta also reduced her need for Norco. Based on these objective findings in the notes, the medical necessity of the request for NUCYNTA ER 50MG TABLET #60 FOR 30 DAY SUPPLY WITH 0 REFILLS is established