

Case Number:	CM13-0041295		
Date Assigned:	12/20/2013	Date of Injury:	06/08/2012
Decision Date:	03/17/2014	UR Denial Date:	09/11/2013
Priority:	Standard	Application Received:	10/11/2013

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 Anesthesiology, has a subspecialty in Pain Management, 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:

According to the records made available for review, this is a 30-year-old male with a 6/8/12 date of injury. At the time of request for authorization for Nucynta and Fioricet, there is documentation of subjective (low back pain with radiation to the left lower extremity) and objective (moderate distress, antalgic gait, moderate reduction in lumbar spine range of motion secondary to pain, tenderness of L4-S1 levels, and lumbar myofascial tenderness) findings, current diagnoses (lumbar radiculopathy and chronic pain), and treatment to date (physical therapy, Toradol injections, and medications). There is documentation of 7/10 pain with the use of medications and 9/10 pain without the use of medications. Regarding Nucynta, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and that Nucynta is being used as second line therapy for patients who develop intolerable adverse effects with first line opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Nucynta ER 100mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines identifies documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; as criteria necessary to support the medical necessity of Opioids. The Official Disability Guidelines (ODG) identifies documentation of moderate to severe acute pain or chronic osteoarthritis knee and low back pain, and that Nucynta is being used as second line therapy for patients who develop intolerable adverse effects with first line opioids. Within the medical information available for review, given documentation of diagnoses of lumbar radiculopathy and chronic pain, there is documentation of chronic low back pain. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Nucynta is being used as second line therapy for patients who develop intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for 60 Nucynta ER 100mg is not medically necessary.

30 Fioricet 50/325/40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbituate-containing analgesic agents Page(s): 23.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines does not recommend Fioricet for management of chronic pain. Within the medical information available for review, there is documentation of diagnosis of lumbar radiculopathy and chronic pain. Therefore, based on guidelines and a review of the evidence, the request for 30 Fioricet 50/325/40mg is not medically necessary