

Case Number:	CM13-0041822		
Date Assigned:	12/20/2013	Date of Injury:	11/17/1997
Decision Date:	02/26/2014	UR Denial Date:	09/20/2013
Priority:	Standard	Application Received:	10/14/2013

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 Internal Medicine and is licensed to practice in Arizona. 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:

The patient is a 54year old man with a history of a work related injury on 11/17/1997. The mechanism of the injury was heavy lifting. The patient has a medical history of osteoarthritis, gout, hypertension, restless leg syndrome, insomnia, hyperlipidemia and GERD. He takes multiple medications for his medical conditions and chronic pain including Nortriptyline, Ritalin, Xanax, Norco, Celebrex, Mobic, Ambien, Nucynta and depakote. With regards to his work-related injury, his diagnosis from his primary provider is degenerative disc disease (DDD) and Lumbar spondylosis. Multiple progress notes from his provider are reviewed including notes dated 9/6/13, 4/11/13, 5/7/13, 6/7/13, 4/1/13, and 10/30/13. Additional records reviewed include DWC Form RFA dated on 9/13/13 and 7/22/13, UR denial dated 9/20/13 and imaging reports. MRI dated 10/19/12 shows multilevel degenerative disc disease with mild central canal stenosis at L4-L5. The patient has been treated for chronic low back pain. Progress note dated 9/6/13 indicate the patient has constant low back pain with periods of exacerbations with associated numbness in both legs and subjective weakness. Physical exam shows pain with range of motion of the lumbar spine but otherwise normal. Muscle strength of the lower extremities is normal. There is tenderness to palpation with muscle spasms in the right paravertebral musculature of the lumbar spine. The provider notes the patient has improved function while taking his Norco and Nucynta and the plan of treatment is to continue Nucynta at 100mg by mouth twice a day. Other treatments used include massage therapy, physical therapy, spinal injections, and topical analgesic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta tablet 325mg, 1 po BID, 30 days, #45, 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, California Code of Regu.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 299,Chronic Pain Treatment Guidelines Page(s): 77-80.

Decision rationale: The patient is a 54year old man with chronic low back pain who is treated with multiple medications including two short-acting narcotic pain medications, Norco and Nucynta 100mg by mouth twice daily. Despite medical treatment for chronic pain the patient complains of constant pain with exacerbations. According to chapter 12 of the ACOEM with regards to low back pain short term opiates are rarely recommended, but may be used if symptoms are severe and accompanied by objective findings. The proposed duration is for no more than two weeks. This patient has been managed with narcotic pain medications long term. Both the Norco and the Nucynta are considered short-acting narcotic pain medications. According to the MTUS chronic pain section 9792.20 regarding the initiation of treatment with narcotic pain medications for continuous pain, it should be treated with extended-acting narcotic pain medications. On page 80 of the same section regarding the use of narcotic pain medications for chronic back pain: appears to be efficacious but limited for short-term pain relief and long-term efficacy (>16weeks) is unclear but also appears limited. The patient is treated with two short-acting narcotic pain medications for constant low back pain with exacerbations. According to the ACOEM and MTUS chronic pain section long term treatment of low back pain with two short-term narcotic pain medications is not effective. The use of Nucynta is not medically necessary.