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| Case Number: | CM13-0047759 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 01/01/1997 |
| Decision Date: | 04/28/2014 | UR Denial Date: | 10/07/2013 |
| Priority: | Standard | Application Received: | 11/04/2013 |

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 Physical Medicine and Rehabilitation, and is licensed to practice in Texas. 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:

This is a 46-year-old male patient with a work related injury reported on 1/1/97. The mechanism of injury was not provided. The patient has a history and diagnosis of lumbar radiculitis, complex regional pain syndrome, and lumbar facet pain syndrome. The patient also has had a history of left leg pain on an L4 distribution. The pain reportedly had been made worse with straight leg raise in a right L4 distribution which included the right hip and down the lateral aspect of the leg over the top of the lateral toes. It also appeared to include the top of the foot and heel which is an S1 distribution. The patient has had numbness along the L4-5 and S1 distribution on the left, loss of sensation over the lateral aspect and into the plantar aspect of the lower leg including the big toe and lateral toes. Extension on the left knee was 4/5, flexion was - 5. Left hip flexors were 4+/5. Ambulation on heels to toes were depressed more on the left than the right. Past treatment has included transforaminal epidural steroid injections to the left L4-5, left L5-6, and left L6-S1 on 3/14/13. The treatment plan was for a urine drug test but, if completed, results were not included. Also, it is reported that the patient had been undergoing withdrawal with poor sleep (withdrawal from what substance or medication was not provided).

IMR ISSUES, DECISIONS AND RATIONALES

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

NUCYNTA 100MG #150 1 PO 5 X DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

Decision rationale: The California MTUS guidelines state that opioids are not recommended as a first-line therapy. The response of neuropathic pain to drugs may differ according to the etiology of therapeutic pain. There is limited assessment of effectiveness of opioids for neuropathic pain, with short-term studies showing contradictory results and intermediate studies (8-70 days) demonstrating efficacy. There was no clinical evidence to suggest that the patient has neuropathic pain, for which this medication is recommended. As such, the request is non-certified.

70 AVINZA 45MG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 23,75.

Decision rationale: The California MTUS guidelines state that Avinza capsules are a brand of modified release morphine sulfate indicated for once daily administration for the relief of moderate to severe breakthrough pain requiring continuous, around-the-clock opioid therapy for an extended period of time. Long-acting opioids: also known as controlled-release, extended-release, sustained-release, or long-acting opioids, are a highly potent form of opiate analgesic. The proposed advantage of long-acting opioids is that they stabilize medication levels, and provide around the-clock analgesia. The guidelines do support the use of the medication for relief of moderate to severe breakthrough pain, but not for long-term use. The effect on activities of daily living, physical function, and duration of use was not indicated. As such, the request is non-certified.

DILAUDID 2 MG #120 1 PILL QID PRN NO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

Decision rationale: The California MTUS guidelines state that short-acting opioids are an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain. These agents are often combined with other analgesics such as acetaminophen and aspirin. These adjunct agents may limit the upper range of dosing of short acting agents due to their adverse effects. The duration of action is generally 3-4 hours. Guidelines support the use of the medication for controlling chronic pain, but do not recommend

long-term use. The effect on activities of daily living, physical function, and duration of use was not indicated. As such, the request is non-certified