

Case Number:	CM13-0054333		
Date Assigned:	12/30/2013	Date of Injury:	01/11/2005
Decision Date:	03/17/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	11/19/2013

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 Physical Medicine & Rehabilitation, 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:

This is a female patient with a date of injury of 1/11/05. A utilization review determination dated 11/12/13 recommends non-certification of Subsys and Nucynta. A progress report dated 10/9/13 identifies subjective complaints including chronic bilateral knee pain 8/10. Objective examination findings identify crepitus with AROM, strength 3/5 in flexion and extension on the left, gait is antalgic. Diagnoses include chronic severe bilateral knee pain; s/p left knee arthroscopy; mild symptoms of CRPS I/II; analgesic tolerance; poor sleep hygiene due to pain; and otherwise motivated patient. Treatment plan recommends continued medication management until surgery. UDS 5/8/13 was said to be consistent for Nucynta and "HC product" but also positive for morphine. UDS 7/8/13 was said to be consistent per HPI.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective/prospective usage of Subsys 11/08/2013:

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Criteria for Use of Opioids Page(s): 76-79, 44, 47. Decision based on Non-MTUS Citation Subsys Official FDA Information (<http://www.drugs.com/pro/subsys.html>).

Decision rationale: Regarding the request for Subsys (fentanyl), the MTUS guidelines indicate that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use when opiates are utilized. They do not specifically address this formulation of fentanyl, but they do specifically recommend against the use of other short-acting formulations of fentanyl for musculoskeletal pain, and Subsys is indicated only in the management of cancer pain per the FDA. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that opioids are improving the employee's function or pain (in terms of percent reduction in pain or reduced NRS) and no documentation regarding side effects. There have been some inconsistencies noted in previous urine drug screening, although the most recent test appears to have been consistent. There is no clear rationale presented for the use of this medication for musculoskeletal pain. It should be noted that opiates should not be abruptly stopped; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Subsys is not medically necessary.

Retrospective/prospective usage of Nucynta 11/08/2013: Upheld

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

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

Decision rationale: Regarding the request for Nucynta, the MTUS guidelines indicate that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the Nucynta is improving the employee's function or pain (in terms of percent reduction in pain or reduced NRS) and no documentation regarding side effects. There have been some inconsistencies noted in previous urine drug screening, although the most recent test appears to have been consistent. It should be noted that opiates should not be abruptly stopped; however, unfortunately, there is no provision for modification of the current request. In light of the above issues, the currently requested Nucynta is not medically necessary.