

Case Number:	CM13-0055532		
Date Assigned:	12/30/2013	Date of Injury:	11/18/2006
Decision Date:	11/06/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/21/2013

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 Family Medicine, and is licensed to practice in New Jersey. 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 worker is a 53 year old female who was injured on 11/18/2006. She was diagnosed with cervical degenerative disc disease, cervical facet arthropathy, and cervical radiculitis. She was treated with opioids including Suboxone and Nucynta, anti-epileptics, benzodiazepines, antidepressants, Cogentin, sleep aids, TENS unit, cervical injections, and chiropractic treatments. On 10/2/2013, she was seen by her treating physician complaining of her chronic neck and left upper extremity pain. She reported her chiropractic treatments had helped her. Physical findings included decreased range of motion of the cervical spine. She was instructed to continue her medications (Nucynta, Suboxone, Xanax, gabapentin) and continue her chiropractor treatments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that

for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was not sufficient documented evidence of functional or pain-reducing benefit found in the notes available for review in order to justify continuation of Nucynta. Without this comprehensive review documented in her progress notes, the Nucynta is not medically necessary.

Suboxone 8/2mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Buprenorphine Page(s): 26-27. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain section, Buprenorphine

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that buprenorphine is primarily recommended for the treatment of opiate addiction, but may be considered as an option for chronic pain treatment, especially after detoxification in patients with a history of opiate addiction. Buprenorphine is recommended over methadone for detoxification as it has a milder withdrawal syndrome compared to methadone. The ODG also states that buprenorphine specifically is recommended as an option for the treatment of chronic pain or for the treatment of opioid dependence, but should only be prescribed by experienced practitioners. Buprenorphine is only considered first-line for patients with: 1. Hyperalgesia component to pain, 2. Centrally mediated pain, 3. Neuropathic pain, 4. High risk of non-adherence with standard opioid maintenance, and 5. History of detoxification from other high-dose opioids. It is unclear from the notes available for review regarding this worker, why she was taking both Suboxone and Nucynta or if she had already completed some form of detoxification from opioid use in the past that might justify its continual use. There is no documented evidence found in the notes available for review that suggest Suboxone is contributing to the worker's overall function or pain-reduction. She was not working at the time. Therefore, without sufficient documentation in the progress notes that might suggest benefit, the Suboxone is not medically necessary.