

Case Number:	CM13-0061781		
Date Assigned:	12/30/2013	Date of Injury:	12/03/1998
Decision Date:	03/24/2014	UR Denial Date:	11/01/2013
Priority:	Standard	Application Received:	12/05/2013

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 Anesthesia, has a subspecialty in Acupuncture & Pain Medicine, 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:

The patient is a 43 year old male injured worker with a date of injury of 12/3/98 with related pain in the low back and feet. He is diagnosed with postlaminectomy syndrome, lumbar region; chronic pain syndrome, adjustment disorder with mixed anxiety and depressed mood; persistent disorder of maintaining sleep; bipolar disorder; and DM. His treatment to date includes medications, spinal cord stimulator implantation, physical therapy, acupuncture, surgery, steroid injections, and chiropractic manipulation. The date of UR decision was 11/1/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER TAB 150mg 30 day supply #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Nucynta

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines Pain (chronic), Tapentadol (Nucynta)

Decision rationale: With regard to tapentadol (Nucynta), the Official Disability Guidelines state, "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and

provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations." The documentation submitted for review does not note the failure or onset of intolerable adverse effects with first line opioids. The request is not medically necessary and appropriate.

Methadone TAB 10mg 30 day supply #120: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain, Methadone

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 93.

Decision rationale: The MTUS Chronic Pain Guidelines regarding on-going management of opioids state "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Upon review of the submitted medical records, there is evidence that the injured worker continues to experience severe pain that is reduced to mild pain with the use of this medication. His level of functionality increased when he began using this medication and it has remained the same (at an increased level compared to baseline). The use of this medication has also improved his sleep pattern. Additionally, the injured worker has no adverse effects. Furthermore, he has signed a narcotic agreement, and remained compliant with the narcotic pain management program, bringing in medications for count. The request is medically necessary and appropriate.