

Case Number:	CM14-0002408		
Date Assigned:	01/24/2014	Date of Injury:	02/01/2008
Decision Date:	06/09/2014	UR Denial Date:	12/23/2013
Priority:	Standard	Application Received:	01/07/2014

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 Anesthesiology, has a subspecialty in Acupuncture and 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 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 patient is a 45 year old female injured worker with date of injury 2/1/08 with related low back pain. Per 12/23/13 progress report it was described as aching and throbbing, intermittent and rated at 5/10, 6 at an average. Pain radiated to the lower extremity. She had difficulty sleeping secondary to the pain. MRI of the lumbar spine dated 2/1/12 revealed mild L4-L5 anterolisthesis with large disc extrusion anterior to vertebral bodies not affecting structures; severe L4-% facet hypertrophy with a left-sided facet joint effusion; severe bilateral L4-L5 foraminal stenosis due to disc bulge and facet disease mildly effacing and impinging each L4 nerve root; left paracentral L5-S1 disc extrusion deviating but not impinging on the descending left S1 nerve root; trace L5-S1 retrolisthesis. EMG/NCS dated 4/30/12 of the lower extremities was noted as normal. She has been treated with medial branch blocks, SI joint injections, radiofrequency lesioning at right L4-L5 and L5-S1 followed by the left side one week later, physical therapy, and medication management.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325 #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 78 and 91.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines state that 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. Review of the available medical records reveals documentation supporting the on-going use of opioids. Per 12/23/13 progress report, the injured worker's pain level was at 5/10. There is no record of pain level without medications, however, during 9/20/13 pain management followup, pain was at 10/10. With opioid medications, the patient noted that sitting tolerance was improved by 80%, standing tolerance was improved by 80%, walking tolerance was improved by 80%, lifting tolerance was improved by 80%, and household chore tolerance was improved by 80%. Side effects were addressed; the injured worker is noted to suffer from opioid induced constipation. The documentation states that UDS performed 12/23/13 was consistent, CURES was appropriate, and opiate agreement was signed. It is noted on the 9/20/13 progress report that the patient accelerated her Norco 10/325mg dose to 10-12 tablets per night, and that when she ran out of medication, she obtained other medications from family and friends. It was also noted that she used alcohol to produce bowel movements. Her primary treating physician spoke to her about these issues. The requested treatment cannot be granted due to the injured worker's aberrant behavior. The request is not medically necessary.

NUCYNTA EXTENDED RELEASE 200 MG #56: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Tapentadol.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines state that 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. The ODG states that Nucynta is 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. Review of the available

medical records reveals documentation supporting the on-going use of opioids. Per 12/23/13 progress report, the injured worker's pain level was at 5/10. There is no record of pain level without medications, however, during 9/20/13 pain management followup, pain was at 10/10. With opioid medications the patient noted that sitting tolerance was improved by 80%, standing tolerance was improved by 80%, walking tolerance was improved by 80%, lifting tolerance was improved by 80%, and household chore tolerance was improved by 80%. Side effects were addressed; the injured worker is noted to suffer from opioid induced constipation. The documentation states that UDS performed 12/23/13 was consistent, CURES was appropriate, and opiate agreement was signed. It is noted on the 9/20/13 progress report that the patient accelerated her Norco 10/325mg dose to 10-12 tablets per night, and that when she ran out of medication, she obtained other medications from family and friends. It was also noted that she used alcohol to produce bowel movements. Her primary treating physician spoke to her about these issues. The MTUS states that it is rare that the total daily dose of opioid should be increased above 120mg MED, but it may be after pain management consultation. The injured worker's primary treating physician is a pain management specialist and can make this judgment. The UR physician also asserts that there is no evidence of attempt to taper or wean, however, the 12/23/13 progress report indicates that the treating physician desires to perform an induction and switch the injured worker to buprenorphine, in the mean time she will be continued on Norco until buprenorphine is approved. It is stated that without medication she is essentially bedridden and that she requires medication to function at an optimum level. The request is medically necessary.

THERAMINE #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (Chronic) Chapter, Theramine.

Decision rationale: The MTUS is silent on the topic of medical food. With regard to the treatment of chronic pain, the ODG guideline says that theramine is not recommended. Theramine® is a medical food from Physician Therapeutics, Los Angeles, CA, that is a proprietary blend of gamma-aminobutyric acid [GABA] and choline bitartrate, L-arginine, and L-serine. It is intended for use in the management of pain syndromes that include acute pain, chronic pain, fibromyalgia, neuropathic pain, and inflammatory pain. See Medical food, Gamma-aminobutyric acid (GABA), where it says that there is no high quality peer-reviewed literature that suggests that GABA is indicated; Choline, where it says that there is no known medical need for choline supplementation. Several components of this medical food are not supported and therefore, the request is not medically necessary.