

Case Number:	CM14-0005535		
Date Assigned:	02/05/2014	Date of Injury:	11/25/2008
Decision Date:	06/27/2014	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/15/2014

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 Internal 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 66-year-old male who has submitted a claim for post lumbar spine surgical syndrome, sciatica, lumbar facet arthropathy, lumbar disc degeneration, sacroiliac arthropathy, status post L5-S1 fusion associated with an industrial injury date of 11/25/2008. The medical records from 2012-2013 were reviewed which revealed consistent pain on the lumbar area. Pain was exacerbated by staying in one position for too long. Pain scale was at 7-8/10. Physical examination showed restriction on lumbosacral spine with diminished reflexes. Straight leg raise test was limited with back pain. Computed tomography (CT) scan done on 7/16/2013 showed status post anterior and posterior fusion at L5-S1, borderline secondary spinal stenosis at L3-L4, facet joint arthropathy is mild bilaterally from L3-L4 through L5-S1. The treatment to date has included radiofrequency neurotomy, posterior spinal fusion, L5-S1 fusion, removal of L5-S1 ruptured disc, L5-S1 discectomy and physical therapy. The medications taken include Nucynta ER 200mg, Opana IR, Nexium, Mobic, Celebrex, Cymbalta, Dilaudid, Docusate, Fentanyl, Flector, Flexeril, Ibuprofen, Lyrica, Medrol Dosepak, Morphine sulfate, Norco, Oxycontin, Percocet, Prednisone, Quinine, Reglan, Relafen, Restoril, Ultracet, Ultram, Valium and Vicodin. A utilization review from 12/20/2013 denied the requests for Nucynta ER 200mg and Meloxicam 15mg. Nucynta was denied because there is no documentation of the patient's intolerance to first line opioids. The medical necessity for this opiate has not been established. Regarding Meloxicam 15mg, it was denied because there is no symptomatic or functional improvement from its previous use.

IMR ISSUES, DECISIONS AND RATIONALES

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

MELOXICAM 15 MG, QUANTITY 60, 1 REFILL: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs, Page(s): 22, 46.

Decision rationale: As stated in the CA MTUS Chronic Pain Medical Treatment Guidelines, non-steroidal anti-inflammatory drugs (NSAIDs) are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Long-term use of NSAIDs is not warranted. In this case, the patient was prescribed with Mobic, brand name of Meloxicam since at least 5/30/13. However, benefit from the said medication was not reported. In addition, gastric side effects were reported with the use of Mobic. Therefore, the request for Meloxicam 15mg, #60, 1 refill is not medically necessary.

NUCYNTA ER 200 MG, # 60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

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

Decision rationale: The CA MTUS does not address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, Official Disability Guideline (ODG), Pain Section was used instead. The ODG recommended Nucynta, a brand name of Tapentadol, as second line therapy for patients who develop intolerable adverse effects with first line opioids. Tapentadol was efficacious and was similar to Oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile. In this case, the patient was prescribed Nucynta since at least 5/30/13. The patient's progress report, dated 8/5/2013 indicated that he had gastric side effects and constipation upon intake of opioids, i.e. Dilaudid and Opana ER. However, with the use of Nucynta, the patient was able to tolerate his pain with no adverse effect noted. The medical necessity has been established. Therefore, the request for Nucynta ER 200mg #60 is medically necessary.