

Case Number:	CM14-0100557		
Date Assigned:	09/16/2014	Date of Injury:	07/31/2009
Decision Date:	12/24/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/30/2014

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 Family Medicine and is licensed to practice in Ohio. 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 injured worker is a 57-year-old female with a date of injury of July 31, 2000. She has had chronic neck pain radiating into the right shoulder, low back pain radiating into the lower extremities with numbness and tingling, right shoulder pain, and wrist pain. The diagnoses include cervical and lumbar facet disease, cervical and lumbar radiculopathies, lumbar spondylolisthesis, bilateral carpal tunnel syndrome, right shoulder pain, and myofascial pain. She has been treated with medications, physical therapy, cervical and lumbar epidural injections, and lumbar and cervical median branch blocks/radiofrequency ablations. Her average pain levels are in the range of 9/10 but can be reduced to 5-6/10 with medication. In terms of functionality, a recent report from the agreed medical examiner described severe impairment in physical activity, self-care, personal hygiene, and hand activities. However, her functionality scale measurements are consistently rated at 9/10. A 10 point rating traditionally is associated with being able to perform at the same level as prior to injury. She currently takes Nucynta ER 100 mg twice daily as needed for pain, Nucynta IR 50 mg twice daily as needed for pain, Celebrex 200 mg twice daily for pain and she was recently trialed on Subsys 200mcg once daily as needed for pain. The trial was set to be successful.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 50mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically should have ongoing assessments for pain relief, functionality, medication side effects, and aberrant drug taking behavior. It is said that the opioids may be continued at the lowest necessary doses if there is improvements in pain and functionality. In this circumstance, the patient's pain level does improve nearly 40% with pain medication. There has been a recent attempt to lower the dose of Nucynta IR. In terms of functionality, the patient's self-report to the physician that she functions at a high level, 9/10. The total daily morphine equivalent dose of Nucynta when considering the extended and immediate release forms is 100 mg. Because of the improvement in pain levels with medication and the self-described high levels of functionality, Nucynta IR 50mg #180 is medically necessary.

Nucynta ER 100mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines no chapter noted Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: Those prescribed opioids chronically should have ongoing assessments for pain relief, functionality, medication side effects, and aberrant drug taking behavior. It is said that the opioids may be continued at the lowest necessary doses if there is improvements in pain and functionality. In this circumstance, the patient's pain level does improve nearly 40% with pain medication. There has been a recent attempt to lower the dose of Nucynta IR. In terms of functionality, the patient's self-report to the physician that she functions at a high level, 9/10. The total daily morphine equivalent dose of Nucynta when considering the extended and immediate release forms is 100 mg. Because of the improvement in pain levels with medication and the self-described high levels of functionality, Nucynta ER 100mg #180 is medically necessary.

Celebrex 200mg #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 70.

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

Decision rationale: NSAIDs like Celebrex are recommended at the lowest dose for the shortest period in patients with moderate to severe pain associated with osteoarthritis. Acetaminophen may be considered for initial therapy for patients with mild to moderate pain, and in particular,

for those with gastrointestinal, cardiovascular or renovascular risk factors. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence to recommend one drug in this class over another based on efficacy. In particular, there appears to be no difference between traditional NSAIDs and COX-2 NSAIDs in terms of pain relief. The main concern of selection is based on adverse effects. COX-2 NSAIDs have fewer GI side effects at the risk of increased cardiovascular side effects, although the FDA has concluded that long-term clinical trials are best interpreted to suggest that cardiovascular risk occurs with all NSAIDs and is a class effect (with naproxyn being the safest drug). There is no evidence of long-term effectiveness for pain or function. In this circumstance, the injured worker certainly has extensive osteoarthritis. The specific choice of Celebrex is noted to have been a decision by the injured workers nephrologist. The injured worker is known to have stage III chronic kidney disease. Therefore, Celebrex 200mg #180 is medically necessary.

Subsys 200mg #30: 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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic), Subsys[®] (fentanyl sublingual spray)

Decision rationale: Subsys is not recommended for musculoskeletal pain. FDA has approved Subsys fentanyl sublingual spray, from [REDACTED], only for breakthrough cancer pain. Breakthrough cancer pain is characterized by sudden, often unpredictable, episodes of intense pain which can peak in severity at three to five minutes despite background pain medication. Subsys is approved in cancer patients 18 years of age and older who are already receiving and who are tolerant to opioid therapy for their underlying persistent cancer pain. Because the injured worker is not being treated for cancer pain, Subsys 200mg #30 is not medically necessary.