

Case Number:	CM14-0105023		
Date Assigned:	07/30/2014	Date of Injury:	11/05/2009
Decision Date:	09/25/2014	UR Denial Date:	06/12/2014
Priority:	Standard	Application Received:	07/07/2014

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 Pain Medicine and is licensed to practice in Tennessee. 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 51-year-old female who has submitted a claim for lumbar radiculitis, degeneration lumbar disc, low back pain, internal knee derangement, idiopathic peripheral neuropathy, myalgia, associated with an industrial injury date of November 05, 2009. Medical records from 2013 through 2014 were reviewed. The latest progress report, dated 07/14/2014, showed left knee pain mostly moderate in intensity. The pain was described as sharp, burning, aching, stabbing, throbbing, heavy-gnawing, prickling, and pressure sensation. It was associated with numbness and weakness. Physical examination revealed bilateral lower extremities with some foot swelling, but minimal. There were no sensory deficits. The patient does not use a walker. MRI of left knee, dated 03/07/2014, showed horizontal and free edge tearing of the body and posterior horn of the lateral meniscus, extrusion of the lateral meniscus body. MRI of lumbar spine, dated 05/13/2014, showed large posterior disc extrusion at the L5/S1 level, eccentric to the right measuring up to 11 mm in craniocaudal dimension and 9 mm in anteroposterior dimension. Disc extrusion abuts/effaces in the traversing right S1 nerve root. Treatment to date has included physical therapy, home exercise program, bilateral knee injection, and medications such as Percocet prescribed March 2014 and Nucynta as early as July 2013. Utilization review from 06/12/2014 denied the request for the purchase of prospective use of Oxycodone/APAP and Prospective use of Nucynta with reasons not specified.

IMR ISSUES, DECISIONS AND RATIONALES

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

PROSPECTIVE USAGE OF OXYCODONE APAP UNSPECIFIED: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to the MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, patient has been on both opioids Nucynta ER as early as July 2013 and Percocet prescribed March 2014. There is no discussion concerning the need for two different opioids. The recent progress report revealed that there was no evidence of pain relief and improvement of functional activities with continuous intake of the medication. Furthermore, urine drug screen was not available for review. MTUS Guidelines require strict compliance for ongoing management. Moreover, the dosage, frequency, and prescribed quantity were not specified. The request is incomplete. Therefore, the request for prospective use of Oxycodone APAP is not medically necessary.

PROSPECTIVE USAGE NUCYNTA UNSPECIFIED: Upheld

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

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, Nucynta.

Decision rationale: Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. When patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In this case, the patient was on Nucynta as early as July 2013. In this case, there was no documented trial of first-line opioids prior to use of Nucynta. The rationale for initiating treatment with second-line opioid was not specified. The guidelines only recommend Nucynta use if there was documentation of intolerable adverse effects with first-line opioids use. Furthermore, there were no documented functional benefits derived from its use. Moreover, the dosage, frequency, and prescribed quantity were not specified. Therefore, the prospective request for Nucynta is not medically necessary.