

Case Number:	CM14-0109630		
Date Assigned:	08/01/2014	Date of Injury:	01/29/1975
Decision Date:	10/08/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	07/15/2014

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 Occupational 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:

This is a 61-year-old male with a 1/29/75 date of injury; the mechanism of the injury was not described. The reviewer's note dated 7/9/14 stated that the progress report dated 5/22/13 indicated that the patient was working full time, moderate duty and that the patient's pain was exacerbated by prolonged sitting or standing, lifting, any activities or lying down. The patient was seen on 07/17/14 with complaints of 7/10 right lower back pain radiating into the right buttock and right posterior thigh. Prolonged sitting or standing, lifting, twisting, coughing and any activities exacerbated the pain. Exam findings revealed restricted range of motion in the lumbar spine, positive lumbar discogenic provocative maneuvers and positive straight leg raising test bilaterally. There was decreased sensation in the left L5 and L4 dermatomes. The muscle strength was 4-5/5 in all muscle groups in the lower extremities. The deep tendon reflexes were 1 and symmetric bilaterally in the lower extremities and the remainder of the examination was unchanged from the previous visit. The physician's appeal stated that the patient has failed Norco and Percocet as they did not provide adequate pain relief and that Nucynta allowed the patient to work full time modified duty. The appeal also indicated that Gabapentin provided 40 % improvement with the patient's neuropathic pain and improvement of the patient's activities of daily living and that without Gabapentin the patient experienced increased lower extremity radicular pain which decreased the patient's ability to sleep and the patient was experiencing lower extremity twitching without Gabapentin. The diagnosis is right radiculopathy, left ankle derangement, central stenosis at L4-L5, lumbar strain/sprain, depressed mood and chronic back pain; treatment to date: medications. An adverse determination was received on 7/9/14. The request for Nucynta 100mg #120 was modified to #90 given that available records did not indicate that the patient developed intolerable adverse effects with first-line opioids and that the patient was using Nucynta since at least August 2012, which far exceeded guidelines

recommendations for use of opioid medications. The request for Gabapentin 600mg #90 with 2 refills was modified to 1 prescription for gabapentin 600mg #63 with 0 refills given that the records did not document improvement in work restrictions despite long term use of gabapentin (at least from August 2012) and that the reports did not document sustained improvement in pain levels related to gabapentin use and weaning of gabapentin was recommended.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: Upheld

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

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

Decision rationale: CA MTUS does not address this issue. 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, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. The progress note dated 7/17/14 indicated that the patient has failed Norco and Percocet, as they did not provide adequate pain relief. However, there is a lack of documentation indicating that the patient developed intolerable adverse effects with first-line opioids. In addition, the UR decision dated 7/9/14 modified the request for Nucynta 100mg #120 to #90 given that available records indicated that the patient was using Nucynta since at least August 2012, which far exceeded guideline recommendations for use of opioid medications. Therefore, the request for Nucynta 100mg #120 is not medically necessary.

Gabapentin 600mg #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-Epilepsy Drug (AED).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epileptic drugs ; Gabapentin Page(s): 16-18; 49. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Neurontin)

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines states that Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. The records indicated that the patient was using Gabapentin at least from August 2012. The

progress report dated 5/22/13 indicated that the patient was working full time, moderate duty and that the patient's pain was exacerbated by prolonged sitting or standing, lifting, any activities or lying down. The progress report dated 07/17/14 stated that the patient worked moderate duty and complained of 7/10 right lower back pain radiating into the right buttock and right posterior thigh and that prolonged sitting or standing, lifting, twisting, coughing and any activities exacerbated the pain. There is a lack of documentation indicating that the patient sustained functional improvement despite long-term use of Gabapentin. In addition, there is a lack of documentation that the patient's pain level improved with the treatment. In addition, the UR decision dated 7/9/14 modified the request for Gabapentin and recommended weaning of this medication. Therefore, the request for Gabapentin 600mg #90 with 2 refills was not medically necessary.