

Case Number:	CM14-0011227		
Date Assigned:	02/21/2014	Date of Injury:	01/05/2005
Decision Date:	07/24/2014	UR Denial Date:	01/21/2014
Priority:	Standard	Application Received:	01/28/2014

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:

The patient is a 58-year-old male who has submitted a claim for lumbosacral sprain/strain, MRI revealing lumbar degenerative joint disease at the L5-S1 level with facet arthrosis with ongoing left leg radicular symptoms; left shoulder sprain/strain, MRI revealing left shoulder tendinopathy; EMG of the left lower extremity negative previously for radiculopathy; and history of reactive depression associated with an industrial injury date of January 5, 2005. Medical records from 2013-2014 were reviewed. The patient complained of back and left shoulder pain, rated 8/10 in severity. The back pain was shooting into the left side and into the left hip and down the back of his left leg. The patient can hardly stand to weight-bear. The left shoulder pain makes him difficult to sleep. He was having a hard time raising his arm at or above shoulder height. Physical examination showed limited range of motion of the lower back. Straight leg raise test was positive bilaterally. There was altered sensory loss at the left lateral calf and bottom of his foot. There was muscle rigidity in the lumbar trunk suggesting muscle spasm. Left shoulder examination showed limited range of motion. There was positive impingement sign. Crepitus on circumduction passively of the left shoulder joint was noted. Imaging studies were not available for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

COLACE 100M #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines : CHRONIC PAIN MEDICAL TREATMENT GUIDELINES , PROPHYLACTIC TREATMENT FOR CONSTIPATION,.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: FDA (Docusate); Peer-reviewed literature ('Management of Opioid-Induced Gastrointestinal Effects: Treatment').

Decision rationale: Page 77 of the CA MTUS Chronic Pain Medical Treatment Guidelines states that with opioid therapy, prophylactic treatment of constipation should be initiated. The FDA states that Sodium Docusate is indicated for the short-term treatment of constipation. In this case, the patient has been using opioids as early as March 2013 and Colace since January 2014. Progress notes from January 8, 2014 reported that Colace was used occasionally for constipation side effect from narcotic use. The necessity for use of this medication is established because the patient was prescribed opioids. However, a simultaneous request for Nucynta was not certified, hence, the medical necessity for Colace is not established without opioid use. Therefore, the prospective request for 1 prescription of Colace 100m #60 is not medically necessary.

NUCYNTA 50MG #120: Upheld

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

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 (Nucynta).

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief (analgesia), side effects (adverse side effects), physical and psychosocial functioning (activities of daily living) and the occurrence of any potentially aberrant drug-related 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. Furthermore, ODG Pain Chapter states that tapentadol (Nucynta) is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids such as, constipation, nausea, or vomiting. In this case, patient has been taking Nucynta since November 14, 2013. It was noted that the medication has been very helpful. Urine drug screens were also reported to be appropriate although no official report was available. There was no documentation regarding intolerable side effects with first line opioids. Furthermore, specific measures of analgesia and functional improvements such as improvements in activities of daily living were not documented. There was also no documentation of adverse effects or aberrant drug-taking behaviors. MTUS Guidelines require clear and concise documentation for ongoing management. The guideline criteria were not met. Therefore, the request for prospective request for Nucynta 50mg #120 was not medically necessary.

