

Case Number:	CM14-0016234		
Date Assigned:	04/11/2014	Date of Injury:	09/14/2012
Decision Date:	05/29/2014	UR Denial Date:	01/31/2014
Priority:	Standard	Application Received:	02/10/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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 presented with a date of injury of 9/14/12. A utilization review determination dated 1/31/14 recommends non-certification of Nucynta and Sintralayne PM. Butrans was partially certified as a quantity of 2 rather than 4. 1/16/14 medical report identifies low back and leg pain. Medication helps, but he cannot take it when he drives. Pain is 3/10 with medication and 4.5/10 without. Urine drug screen from 9/13/13 was said to be positive for Pregabalin and negative for tapentadol and Buprenorphine. 3/21/14 medical report identifies low back pain with coldness and numbness in both feet. Pain is 4/10 with medication and 6-7/10 without.

IMR ISSUES, DECISIONS AND RATIONALES

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

BUTRANS 10MCG, #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Butrans, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and

discussion regarding any aberrant use. MTUS Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation of pain relief from 6-7/10 to 4/10 with the use of medication. However, there is no recent documentation of specific functional improvement. Furthermore, the most recent urine drug screening is noted to be inconsistent with both of the patient's opioid medications and there is no discussion regarding those results. The request for Butrans 10 mcg # 4 is not medically necessary and appropriate.

NUCYNTA 75MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Nucynta, California MTUS Chronic Pain Medical Treatment Guidelines state that, due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. MTUS Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is documentation of pain relief from 6-7/10 to 4/10 with the use of medication. However, there is no recent documentation of specific functional improvement. Furthermore, the most recent urine drug screening is noted to be inconsistent with both of the patient's opioid medications and there is no discussion regarding those results. The request for Nucynta 75 mg # 120 is not medically necessary and appropriate.

SINTRALYNE PM, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, Melatonin, Insomnia Treatment, Medical Food.

Decision rationale: Regarding the request for Sintralyn PM, California MTUS does not address the issue. The Official Disability Guidelines (ODG) does provide some support for the melatonin component in Final Determination Letter for IMR Case Number CM14-0016234 4 the management of insomnia, although they note that a pharmacological agent should only be used after careful evaluation of potential causes of sleep disturbance, which has not been documented. With regard to the GABA component, ODG cites that "Gamma-Aminobutyric acid (GABA) is indicated for epilepsy, spasticity and Tardive Dyskinesia. There is no high quality peer-reviewed literature that suggests that GABA is indicated for treatment of insomnia." Therefore, the request for Sintralyn PM, # 60 is not medically necessary and appropriate.

