

Case Number:	CM14-0112277		
Date Assigned:	08/01/2014	Date of Injury:	12/04/2000
Decision Date:	09/15/2014	UR Denial Date:	06/25/2014
Priority:	Standard	Application Received:	07/18/2014

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 & Rehabilitation 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 injured worker is a 57-year-old female who reported injuries resulting from a high velocity motor vehicle accident on 12/04/2000. The submitted documentation of physician's notes from 07/17/2014, 06/19/2014, and 05/19/2014 are handwritten and extremely difficult to read. On 05/19/2014, her diagnoses included fibromyalgia, myofascial pain syndrome, and another illegible diagnosis. On 06/19/2014 her diagnoses were fibromyalgia, CRPS and the rest of it is illegible. On 07/17/2014 her diagnoses included full blown complex region pain syndrome evolving from myofascial pain, irritable bowel syndrome, and the rest is illegible. The note stated that an injection helped reduce pain 50% in the elbow but the pain came back. She had spasms and sharp pains in both hands. She rated her pain level at 8/10. Regarding her medications, there was a note saying that she was given Nucynta, and she did get Medrol, and for some reason that helped something in her fingers. On 06/19/2014 there is a note about Norco, Medrol dose pack and Nucynta. It was noted on 05/18/2009 that this worker was taking Norco 10/325 mg 200 per month. A urine drug screen dated 01/17/2014 was positive for hydrocodone and hydromorphone, which was consistent with her prescription of Norco. On 05/19/2014 the note stated "continue Norco and trial Nucynta". There was no rationale included in this worker's chart.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol (Nucynta).

Decision rationale: The request for Nucynta 75 mg #30 is non-certified. The California MTUS Guidelines attest that opioid drugs are considered the most powerful class of analgesics that may be used to manage chronic pain. Recommendation for first time/trial prescriptions include a psychosocial assessment by the treating doctor and a possible second opinion by a specialist to assess whether trial of opioids should occur. Ongoing review of opioid use should include documentation of pain relief, functional status, appropriate medication use and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work, or has improved functioning and decreased pain. In most cases analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. Long term use may result immunological or endocrine problems. The Official Disability Guidelines recommended Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. There was no documentation in the submitted chart regarding evaluations, including psychosocial assessment, side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or collateral contacts. Additionally, there was no frequency specified in the request. Since this worker is taking more than 1 opioid medication, without the frequency, morphine equivalency dosage cannot be calculated. Furthermore, there was no documentation of this worker having developed intolerable side effects from other opioids. Therefore, this request for Nucynta 75 mg #30 is non-certified.

Norco 10/325mg, QTY 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95.

Decision rationale: The request for Norco 10/325 mg quantity 180 is non-certified. The California MTUS Guidelines recommend ongoing review of opioid use including documentation of pain relief, functional status, appropriate medication use, and side effects. It should include current pain, intensity of pain before and after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by decreased pain, increased level of function or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Opioids should be continued if the injured worker has returned to work, or has

improved functioning and decreased pain. In most cases analgesic treatment should begin with acetaminophen, aspirin, NSAIDs, antidepressants and/or anticonvulsants. When these drugs do not satisfactorily reduce pain, opioids for moderate to moderately severe pain may be added to, but not substituted for the less efficacious drugs. Long term use may result in immunological or endocrine problems. According to the documentation submitted, this worker has been taking Norco since 05/18/2009. There was no documentation in the submitted chart regarding appropriate long term monitoring, including side effects, failed trials of NSAIDs, aspirin, antidepressants or anticonvulsants, quantified efficacy or collateral contacts. Additionally there was no frequency specified in the request. Since this worker is taking more than one opioid medication, without the frequency, morphine equivalency dosage cannot be calculated. Therefore, this request for Norco 10/325 mg quantity 180 is not medically necessary.

Medrol dose pack #1: Overturned

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

MAXIMUS guideline: The Expert Reviewer based his/her decision on the American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004), Chronic Pain, Glucocorticosteroids, Pages 202-204.

Decision rationale: The request for Medrol dose pack #1 is medically necessary and appropriate. The California ACOEM Guidelines recommend glucocorticosteroids for complex regional pain syndrome. Glucocorticosteroids are recommended for short-term treatment of CRPS. Glucocorticosteroids to treat CRPS have been assessed in 2 small scale studies, both of which have significantly positive effects, suggesting meaningful benefits. Corticosteroid use can be associated with significant mood elevations, which may explain part of the positive effects. Oral administration is preferential to parenteral administration due to lower invasiveness and costs. Length of treatment is unclear. Clinical trials have utilized short-term trials, thus it is suggested that a short course of 4 weeks be prescribed. If there is significant improvement and objective findings, an additional treatment is felt to be indicated. It is reasonable to consider treatment for an additional 2 months. Subsequent treatment should be individualized based on ongoing improvements and inadequacy of conservative management with NSAIDs and exercise. Although the results of the Medrol dose pack were not quantified, it was noted that the Medrol did help this worker to some degree. Based on the recommendations in the guidelines, this request for Medrol dose pack #1 is Medically Necessary and appropriate.