

Case Number:	CM14-0119361		
Date Assigned:	08/06/2014	Date of Injury:	02/14/1990
Decision Date:	10/03/2014	UR Denial Date:	07/21/2014
Priority:	Standard	Application Received:	07/29/2014

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 Internal 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 injured worker is a 54 year old male with a reported date of industrial injury 2/14/1990. His current problems, documented by the primary treating physician in clinical notes dated 7/8/2014 and previously on 6/6/2014, 5/9/2014, and 4/11/2014, include low back pain that is likely due to lumbar spondylosis and lumbar nerve root compromise manifested by pain, sensory disturbance, and motor weakness in the left lower extremity. MRI report on 2/3/2014 documents chronic degenerative changes at multiple levels in the lumbar spine causing foraminal stenosis, most pronounced at L3-L4 and L5-S1, where nerve root compromise was considered possible. The clinical notes of the pain management specialist on 5/13/2014 and 7/2/2014 note lumbar pain and tenderness without new motor or sensory abnormalities. Straight leg raising test was negative in these notes. There is a mention of depression and use of an SSRI for treatment of depression, which is helping the patient. There is evidence of lumbar spinal stenosis which is mild but there are no bladder or bowel complaints and the symptoms of pain in the leg are only present on the left. The physician has also documented chronic pain syndrome as one diagnosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg, qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80-82, 52-54, 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 76-84.

Decision rationale: Prior to initiation of opiates and their use as chronic maintenance therapy, the nature of pain needs to be determined. For instance, while opiates may be appropriate second line measures in neuropathic and radiculopathic pain, the evidence in osteoarthritis is much less convincing. The condition for which opiates are considered first line is typically nociceptive pain particularly that associated with cancer. The use of opiates in the setting of acute tissue insult for short periods of time, as in major trauma, is also first line. In this patient, the pain appears to be that of "chronic pain syndrome." There is no ongoing tissue injury, no cancer and the pain in the leg, although appearing to be radicular, has not been well described by the treating provider so that a definite diagnosis is not clear. In this case, opiates are not first line therapy. For radiculopathic pain, first one needs to demonstrate an inadequate response to safer and mainstream therapies including non-steroidal anti-inflammatory agents and tricyclics or other compounds such as duloxetine / venlafaxine. As the provider has not documented a failure of non-opioid measures in the management of this patient's pain, opiate therapy is not recommended, according to the applicable guidelines. Secondly, in patients on chronic opiate treatment, ongoing assessment of risk for misuse and addiction is recommended and has not been documented in sufficient detail by the provider. These requirements have not been met and therefore, the request is not medically necessary.

Voltaren 75mg, qty: 60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Diclofenac Sodium Page(s): 71.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAID Page(s): 67-68.

Decision rationale: As discussed previously, appropriate therapy stems from an accurate diagnosis. The patient has chronic low back pain, radiation of pain into the leg and pain on a chronic basis associated with psychological factors. Therefore, his pain disorder is best classified as a chronic pain syndrome with neuropathic components but no ongoing tissue injury or nociceptive component. As such, per the guidelines cited, NSAID are generally considered second line and guidelines urge use for as short a period as possible, and at as low a dose as possible. However, the guidelines do say that for mixed etiologies of pain, NSAID can be considered an option, particularly if acetaminophen has not been helpful. Based on this rationale, the request for NSAID is recommended to manage the mixed etiology of pain in this patient. Ongoing surveillance for side effects is required and dose de-escalation is encouraged as far as possible.