

Case Number:	CM14-0127870		
Date Assigned:	08/15/2014	Date of Injury:	12/06/2010
Decision Date:	09/11/2014	UR Denial Date:	08/11/2014
Priority:	Standard	Application Received:	08/12/2014

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 Family Practice and is licensed to practice in . 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 48-year-old male who sustained a work-related injury on December 6, 2010. He was beaten repeatedly sustaining injuries to the left thigh, left leg, the neck, left arm, upper and lower back. For roughly the last year and a half, the injured worker has had severe neck and back pain, headaches, and burning pain in the left forearm and left leg. He has been getting treatment from a pain management specialist and has been on a variety medications. Unfortunately, documentation to show improvement in pain or functionality is lacking over time. The treating physician has attempted to obtain MRI imaging of the injured worker's lower back to help with treatment planning, however this has been refused by the injured worker and hence surgery has been refused. Essentially, the injured worker has been treated with a combination of short and long-acting narcotic analgesics and anti-epilepsy. His diagnoses include traumatic brain injury, pain, back pain, left upper and lower extremity neuropathy. His physical exam has consistently revealed neck tenderness at the nuchal ridge, left clavicular tenderness, left forearm tenderness, lumbar tenderness, lumbar back spasms, and evidence of left upper and lower extremity neuropathies. The injured worker has severe limitations in his activities of daily living that have remained essentially unchanged since he began his most recent medication regimen which was roughly February 25, 2013. Several utilization reviewers have requested more documentation regarding objective measures of functional status and evidently that has not been provided to the satisfaction of the reviewers. In essence, the utilization review physicians have been conducting a medication wean through the use of the ability to modify the quantities of medications provided. The record reveals no evidence to suggest that the injured worker's overall functional status has worsened in spite of this weaning protocol and in fact the record shows there have been several days on end whereby no medications were taken at all. It has also been

noted that during these episodes of medication abstinence, the injured worker has not displayed signs of opiate withdrawal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg Quantity Requested: 180.00: 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): 79-80.

Decision rationale: The quantities of Nucynta have been modified to #30 at a time extending back to June's 16th of 2014. A review of the documentation reveals no evidence of a decrease in the worker's functional status although the record does reflect he had an increase in the frequency of pain exacerbations. Per the above guidelines, consideration for discontinuing opioids should be undertaken if there is no overall improvement in function, unless there are extenuating circumstances. As the most recent quantities of Nucynta have been modified to #30 at a time for the last three months, and because functional improvement could not be documented at the higher quantities, the prescription of Nucynta 150 mg, #180, is not medically necessary.

Oxycodone 20mg Quantity Requested: 240.00: 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): 79-80.

Decision rationale: The quantities of oxycodone IR have been modified by the utilization review physicians beginning May 12, 2014. Over this period of time and before it, there has been no objective measurement of overall improvement in function and neither has there been subjective improvement in function. The most recent quantity of oxycodone IR 20 mg was #60, that being August 11, 2014. The utilization review physicians have essentially been weaning the injured worker from oxycodone IR via their ability to modify quantities approved. The Injured worker's functional status has essentially remained unchanged from the time of before the weaning of oxycodone IR was initiated. Repeated requests from the utilization review physicians for more objective measurements of functional status have not been addressed by the treating physician. Per the above referenced guidelines, opioids should be discontinued if there is no overall improvement in function unless there are extenuating circumstances. Opioids may be continued if there is evidence of improved functioning and decreased pain and the patient has returned to work. The record reflects that there is diminished pain with this medication but there has been no improvement in functionality or documentation thereof. The guidelines go on to say that weaning should occur under direct ongoing medical supervision as a slow taper in most

circumstances. However, the record shows that the injured worker has gone several days without medication without showing evidence of opiate withdrawal. Because the most recently approved quantity of oxycodone IR 20 mg was #60 and there has not been an apparent decrease in functionality, the prescription for oxycodone IR 20 mg, #240, is medically unnecessary.

Lyrica 100mg Quantity Requested: 180.00: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 18-20.

Decision rationale: The injured worker has been treated previously with gabapentin for his upper and lower extremity neuropathies. While documentation is lacking in the current records reviewed regarding the effectiveness of gabapentin, it is noted that gabapentin was discontinued in favor of pregabalin, also known as Lyrica, because of sedation associated gabapentin. The record is fairly consistent in that the Lyrica seems to cause a diminution in a subjective complaints of burning to the left forearm of the injured worker. Gabapentin has been shown to be effective for the treatment of diabetic painful neuropathy and postherpetic neuralgia and has been considered is a first-line treatment for neuropathic pain. There is limited evidence to show that gabapentin and gabapentin-like medication results in decreased opioid consumption for postoperative pain. Lyrica is a gabapentin- like medication and in this instance appears to be effective for the injured worker's upper extremity neuropathy. Therefore, Lyrica 100 mg, #180, is medically necessary.

Tramadol 50mg Quantity Requested: 380.00: Overturned

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

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

Decision rationale: The injured worker was originally prescribed tramadol as a bridge to diminish dose of and to possibly discontinue the use of Nucynta. The tramadol was later continued as an adjunct to Lyrica to attempt to address the injured worker's painful neuropathy. Tramadol is a synthetic opioid affecting the central nervous system. The long-acting version of tramadol is considered a viable opioid of first choice for patients suffering from neuropathic pain, offering more consistent and improved nighttime pain control, less need to awaken and night to take another dose of pain medication, and less clock watching by patients in chronic noncancer pain. Therefore, tramadol 50 mg #380 is medically necessary.