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| Case Number: | CM14-0150597 | | |
| Date Assigned: | 09/18/2014 | Date of Injury: | 03/30/2011 |
| Decision Date: | 10/31/2014 | UR Denial Date: | 08/25/2014 |
| Priority: | Standard | Application Received: | 09/16/2014 |

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 54 year old female with complaints of low back pain. The date of injury is 3/30/11 and the mechanism of injury is lifting injury (lifting heavy chemicals and felt back pull). At the time of request for the following: 1. Epidural steroid injection L5 2. Nucynta 75mg #180 with 2 refills 3. Duragesic patch 100mcg #10 with 2 refills, there is subjective (low back pain) and objective (SI joint pain, left and right bursa trochanteric tenderness, tenderness left and right paraspinal lumbar, restricted painful range of motion lumbar spine) findings, imaging findings (no reports submitted), diagnoses (hip/pelvic pain, SI joint dysfunction, lumbago) and treatment to date (medications). In regards to epidural steroid injections, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Nucynta is a combination opioid with norepinephrine reuptake inhibition that is recommended for second line treatment of severe chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Epidural steroid injection Lumbar L-5: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. This patient does not have clinical findings of L5-S1 radiculopathy/radicular pain per documentation and no imaging was submitted with the included medical records for review. Therefore, the request for an L5 epidural steroid injection is not medically necessary.

Nucynta 75mg # 180 2 refills: 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): 74-84. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain(Chronic), Tapentadol (Nucynta)

Decision rationale: Per ODG treatment guidelines and MTUS-Chronic pain treatment guidelines, Nucynta is a combination opioid with norepinephrine reuptake inhibition that is recommended for second line treatment of severe chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. There is no documentation of failure of other first line opioids such as Hydrocodone. Therefore, the request for Nucynta is not medically necessary.

Duragesic 100mcg # 10 2 refills: Overturned

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): 74-84.

Decision rationale: Per MTUS-Chronic Pain Medical Treatment Guidelines, a comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment i.e. drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior

(or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. As the medical records provided do support/supply the majority of this information, the request for Fentanyl 100mcg/h #10x2refills is medically necessary.