

Case Number:	CM14-0152980		
Date Assigned:	09/23/2014	Date of Injury:	06/16/2003
Decision Date:	10/28/2014	UR Denial Date:	09/10/2014
Priority:	Standard	Application Received:	09/19/2014

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 and Pain 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 31-year-old male who reported an injury on 06/16/2003. The mechanism of injury was not provided. Diagnoses included lumbosacral disc injury, lumbosacral radiculopathy, and chronic pain syndrome with depression. Past treatments included a cane, TENS, psychotherapy, and medications. Diagnostic studies included an unofficial MRI of the lumbar spine on 08/11/2003, which reportedly revealed left disc protrusion and spondylolisthesis at L5-S1 with left foraminal narrowing. An official urine drug was collected on 04/25/2014, and was positive for the injured worker's prescription for Soma. Pertinent surgical history was not provided. The clinical note, dated 08/26/2014, indicated the injured worker complained of persistent, constant low back and leg pain, and left leg pain and weakness. The physical exam revealed tightness and tenderness to palpation of the bilateral lumbosacral paraspinal muscles. Current medications included Nucynta 100 mg, Flexeril 10 mg, Daypro 600 mg, Lyrica 75 mg, topical NSAID, Senokot S, BuSpar, Cymbalta, Abilify, and Valium. The treatment plan included Nucynta 100 mg #210, consider addition of long acting opioids such as Zohydro for the lumbar spine. The rationale for the treatment plan was pain control. The Request for Authorization form was completed on 08/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #210 Consider Addition of Long-Acting Opioid Such as Zohydro for the Body Part Lumbar Spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78, 86-87.

Decision rationale: The request for Nucynta 100 mg #210 consider addition of long-acting opioid such as Zohydro body part lumbar spine is not medically necessary. The California MTUS Guidelines indicate that four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids, to include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug related behaviors. The monitoring of these outcomes overtime should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day. Rarely, and only after pain management consultation, should the daily dose of opioid be increased above 120 mg oral morphine equivalents. The injured worker complained of constant low back and leg pain, with left leg pain and weakness. He had been taking Nucynta since at least 02/2014. There is a lack of documentation of the efficacy of Nucynta, including quantified pain relief and functional improvement. As the medication had been prescribed, the injured worker was taking 594-814 mg oral morphine equivalents per day. There is a lack of documentation of a pain management consultation, or any evidence of the need to exceed the guideline recommendation of 120 mg oral morphine equivalents per day. The addition of a long acting opioid, such as Zohydro, is not supported, as this would further exceed the recommended daily oral morphine equivalents per day. Furthermore, the request does not indicate the frequency for taking Nucynta. Therefore, the request for Nucynta 100mg #210 consider addition of long-acting opioid such as Zohydro for the body part lumbar spine is not medically necessary.