

Case Number:	CM14-0158673		
Date Assigned:	10/02/2014	Date of Injury:	09/23/2012
Decision Date:	11/14/2014	UR Denial Date:	08/28/2014
Priority:	Standard	Application Received:	09/26/2014

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 and Illinois. 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 patient is a 32 year old female who was injured on 09/23/2012. The mechanism of injury is unknown. Prior treatment history has included Norco, MiraLax, and right L5-S1 epidural steroid injection. Urine toxicology report dated 04/16/2014 revealed consistent results. Progress report dated 07/23/2014 documented the patient to have complaints of sharp severe pain across her low back with numbness in her right lower extremity. She rated her pain as a 10/10 without medications and 9/10 with medications. On exam, she has a severe antalgic gait and reduced lumbar spine range of motion in all fields. Strength testing were 3/5 on the right and 5/5 on the left. Patellar reflexes were trace on the left and +1 on the right. Achilles reflex was trace on the left and +1 on the right. She had decreased sensation in the right lower extremity and tenderness over the lumbar facet and paraspinal muscles, right greater than left. Straight leg raise was positive on the right side. The patient was diagnosed with L5-S1 radiculopathy; low back pain, lumbar discogenic pain; lumbar spinal stenosis, and diabetes. The patient was noted to have side effects from the Norco so it was discontinued. There is notation that the patient's Nucynta The patient was recommended to continue with medications including Nucynta IR 50 mg, Nucynta ER 100 mg, and Cymbalta 30 mg. On 08/28/2014, the patient's symptoms were unchanged. The treating doctor noted that the patient responds better to Nucynta than Norco, but her dosage of Nucynta needed to be increased to 200 mg q. 12 hour and continue with the Nucynta IR 50 mg b.i.d. as it helps with discogenic low back pain as well as neuropathic pain. The patient was given a prescription for Nucynta ER 200 mg #60 and Nucynta IR 50 mg #60. Prior utilization review dated 08/28/2014 states the request for Nucynta IR 50mg #60; Nucynta ER 100mg #60; and Cymbalta 30 mg #60 is denied as the request is unclear.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR 50mg #60: 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): 76 - 96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse. The clinical documents provided did not sufficiently demonstrate a significant improvement in analgesia and improved ADLs/functioning. The documents stated the patient's pain regimen would be altered and the opioids would be increased. However, the request appears to be the same as the patient's previous dose. Given that the patient has not shown significant benefit on this regimen and still continues to complain of 9/10 pain the request does not fit within the guidelines above. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Nucynta IR is not medically necessary.

Nucynta ER 100mg #60: 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): 76 - 96.

Decision rationale: The guidelines recommend chronic opioid therapy for chronic pain for patients who show improved analgesia, improved ADLs/level of functioning, no aberrant behavior, and no significant adverse effects. Additionally, there should be urine drug screening performed to ensure compliance. The interval between urine drug screenings is determined by the patient's risk for substance abuse. The clinical documents provided did not sufficiently demonstrate a significant improvement in analgesia and improved ADLs/functioning. The documents stated the patient's pain regimen would be altered and the opioids would be increased. However, the request appears to be the same as the patient's previous dose. Given that the patient has not shown significant benefit on this regimen and still continues to complain of 9/10 pain the request does not fit within the guidelines above. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Nucynta ER is not medically necessary.

Cymbalta 30ng #60: Overturned

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 Antidepressants Page(s): 13-16.

Decision rationale: The guidelines recommend Cymbalta as a first line option in the treatment of neuropathic pain, fibromyalgia, general anxiety disorder, and major depressive disorder. From the clinical documents it appears the patient has neuropathic pain and major depressive disorder. The notes document that the patient's pain and depression are uncontrolled. The depression appears to be untreated from the documents provided. The most recent clinical note on 8/19/14 states the physician would like to start Cymbalta for the treatment of depression and neuropathic pain which fits within the current guidelines. Based on the guidelines and criteria as well as the clinical documentation stated above, the request for Cymbalta is medically necessary.