

Case Number:	CM14-0164816		
Date Assigned:	10/09/2014	Date of Injury:	02/15/2002
Decision Date:	12/31/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	10/07/2014

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 Occupational Medicine and is licensed to practice in Montana. 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 52-year-old male with a date of injury of 2/15/02. The mechanism of injury is not documented in the records provided. The treatment note of 9/8/14 described inadequate pain control with Dilaudid. The physician was also awaiting authorization for a facet injection with dorsal column stimulator (DCS). Examination revealed lumbar tenderness. The primary treating physician has requested Nucynta ER 200mg 2 per day for chronic pain and Norco 10/325 for breakthrough pain. The injured worker reported that he had better pain control with these medications, which increased his functionality and range of motion. The UR determination dated 9/25/14 partially certified the Nucynta ER 200mg for one month with a count of 60 and the Norco 10/325 mg was also approved for one month with a count of 180. The rationale for the modified approval was that the medical records did not include documentation of recent urine drug testing, risk assessment profile, attempt at weaning/tapering or an updated and signed pain contract between the provider and the claimant. The partial approval was given to allow the provide time to submit the needed documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg #60: 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): 75,78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Nucynta

Decision rationale: The ODG guidelines note that Nucynta ER (tapentadol) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of opioids requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) The medical records do document inadequate pain control with Dilaudid. They do not provide review and documentation of functional status with objective functional improvement, side effects, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There should be a pain contract and periodic drug testing with prolonged opioid use. There has not been any documented attempt to decrease or wean medication over time. Utilization Review on 9/25/14 modified the request for Nucynta ER 200mg #60 for a 1 month supply only. No pain contract is noted and there is no evidence of drug testing. Appropriate documentation, as noted above, is required for continued use of opioid medications. Without the required documentation, the request for Nucynta ER 200mg #60 is not medically necessary.

Norco 10/325mg #180: 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): 75,78,91.

Decision rationale: Norco is a brand name for hydrocodone, a short-acting opioid analgesic, combined with acetaminophen. The MTUS states that opioids are not recommended as first line therapy for neuropathic pain. Opioids are suggested for neuropathic pain that has not responded to first line recommendations including antidepressants and anticonvulsants. The MTUS states

that reasonable alternatives to opioid use should be attempted. There should be a trial of non-opioid analgesics. When subjective complaints do not correlate with clinical studies a second opinion with a pain specialist and a psychological assessment should be obtained. The lowest possible dose should be prescribed to improve pain and function. Ongoing use of hydrocodone/acetaminophen requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: the least reported pain over the period since the last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The medical records do document inadequate pain control with Dilaudid. They do not provide review and documentation of functional status with objective functional improvement, side effects, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drugtaking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. (Passik, 2000) The medical records do document inadequate pain control with Dilaudid. They do not provide review and documentation of functional status with objective functional improvement, side effects, the least reported pain over the period since the last assessment; average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. There should be a pain contract and periodic drug testing with prolonged opioid use. There has not been any documented attempt to decrease or wean medication over time. Utilization Review on 9/25/14 modified the request for Norco 10/325 #180 for a 1 month supply only. No pain contract is noted and there is no evidence of drug testing. Appropriate documentation, as noted above, is required for continued use of Norco. Without the required documentation, the request for Norco (hydrocodone/acetaminophen) 10/325 #180 is not medically necessary.