

Case Number:	CM14-0165984		
Date Assigned:	10/13/2014	Date of Injury:	03/29/2001
Decision Date:	12/11/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	10/08/2014

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 & Rehabilitation and Pain Management, has a subspecialty in Interventional Spine 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 patient is a 46 year old female with an injury date of 03/29/01. Based on the 08/15/14 progress report provided by [REDACTED], the patient complains of neck pain rated 6/10 that radiates to the scapular area. Physical examination to the cervical spine revealed mild tenderness to palpation to the paracervical muscles, and range of motion was decreased, especially on extension 70% of normal. Spurling's sign positive on the left. Patient's medications include Nucynta, Tramadol, and Lunesta. She is using a TENS. Nucynta is taken for pain flare up. Nucynta has been prescribed prior to progress report dated 02/10/14. Treater stated that Nucynta was not helping so he changed to Ultram. Per progress report dated 09/15/14, treater states that patient's pain is still rated 6/10, but does not decrease with medications. Treater is discontinuing Nucynta since she rarely takes it. Tramadol is continued. The patient is working full time as a vocational counselor. Diagnosis at 08/15/14:- status post cervical fusion C5-6 with left cervical radiculopathy with hypesthesia and paresthesia of the left first, second and third digit, - status post cervical fusion C6-7 on 07/29/09 with resolution of radicular pain and numbness- recurrent left cervical radiculopathy with left fourth and fifth finger paresthesia- secondary insomnia due to chronic pain- cervicogenic headaches - secondary depression and anxiety due to chronic pain [REDACTED] is requesting one refill of Nucynta 50mg #60. The utilization review determination being challenged is dated 09/08/14. [REDACTED] is the requesting provider and he provided treatment reports from 12/05/13 - 09/15/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 MRI of lumbar spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 303, Chronic Pain Treatment Guidelines Lumbar MRI.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation (ODG) Low back chapter, MRIs (magnetic resonance imaging)

Decision rationale: The patient presents with pain and weakness in her neck and lower back. The patient is s/p cervical spine surgery on 07/29/2009. The request is for MRI of lumbar spine. The treater's report on 07/14/2014 indicates that the patient had a MRI of lumbar spine on 06/27/2014. It also indicates that "The patient has no lumbar spine pain currently." The treater wants to update a MRI of lumbar spine because "she had a lot of difficulty with her lumbar spine recently even though things are going well for her in the moment." ACOEM guidelines state: "Unequivocal objective findings that identify specific nerve compromise on the neurologic examination are sufficient evidence to warrant imaging in patients who do not respond to treatment and who would consider surgery an option." ODG does not recommend it unless progression of neurologic deficit is suspected." In this case, such suspicions are not discussed in any of the reports. Recommendation is for denial

One refill of Nucynta 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic), Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88, 89, 76-78.

Decision rationale: The patient presents with neck pain rated 6/10 that radiates to the scapular area. The request is for one refill of Nucynta 50mg #60. The patient is status post cervical fusion C5-6 and C6-7 on 07/29/09. Patient's diagnosis dated 08/15/14 included recurrent left cervical radiculopathy, cervicogenic headaches, insomnia and depression. Patient's medications include Nucynta, Tramadol, and Lunesta. Patient also uses a TENS, and is working full time. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Per progress report dated 02/10/14, treater stated that Nucynta was not helping so he changed to Ultram, which indicates patient used Nucynta for longer than 7 months from the UR date of 09/15/14. In progress report dated 08/15/14, Nucynta is requested for pain flare up. The patient is working, however the treater has not stated how Nucynta reduces pain and significantly improves her activities of daily living; the four A's are not specifically

addressed including discussions regarding aberrant drug behavior and adverse effects etc. Given the lack of documentation as required by MTUS, recommendation is for denial. Furthermore, per progress report dated 09/15/14 (post UR date of 09/08/14), treater states that "patient's pain is still rated 6/10, but does not decrease with medications. He is discontinuing Nucynta since she rarely takes it."