

Case Number:	CM14-0167052		
Date Assigned:	10/14/2014	Date of Injury:	01/14/2011
Decision Date:	12/30/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/10/2014

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, has a subspecialty in 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:

This is a patient with a date of injury of 1/14/11. A utilization review determination dated 10/3/14 recommends modification of Cyclobenzaprine, Hydrocodone/Acetaminophen, Nucynta ER, and Morphine Sulfate ER. 9/24/14 medical report identifies only temporary relief from the latest facet joint injections, with 30% reduction in pain for about one week. There is back pain radiating down the left leg to the foot and the right leg to the calf. Pain is 7/10 with medication and 7/10 without. Medications allow the patient to get dressed in the morning, perform minimal activities at home, and contact friends via phone and email. The patient is noted to have fatigue, night sweats, headaches, and numbness in the extremities. On exam, SLR radiates bilaterally, there is limited ROM, and tenderness is present along with spasm. Recommendations include multiple medications. The patient was also recommended to stop morphine ER when starting Nucynta ER, as the Nucynta ER "reduced her pain better than the morphine due to its neuropathic qualities." The provider also noted that "she continues to function marginally despite COAT and is a candidate for opioid withdrawal in the future.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 Tablets of Cyclobenzaprine HCL 10mg (2-week supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Cyclobenzaprine (Flexeril).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 63-66.

Decision rationale: Regarding the request for Cyclobenzaprine, Chronic Pain Medical Treatment Guidelines support the use of non-sedating muscle relaxants to be used with caution as a 2nd line option for the short-term treatment of acute exacerbations of pain. Within the documentation available for review, it does not appear that this medication is being prescribed for the short-term treatment of an acute exacerbation, as recommended by guidelines. In the absence of such documentation, the currently requested Cyclobenzaprine is not medically necessary.

60 Tablets of Hydrocodone-Acetaminophen 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Hydrocodone/Acetaminophen, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is only minimal pain relief and functional improvement noted. The provider has acknowledged that the patient continues to function marginally and is a candidate for opioid withdrawal. Furthermore, there is no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Hydrocodone/Acetaminophen is not medically necessary.

60 Tablets of Nucynta Extended Release 150mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Duration Guidelines, Treatment in Workers Compensation, Online Edition Chapter: Pain, Tapentadol (Nucynta)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medical Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Nucynta, California Pain, Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation

available for review, there is only minimal pain relief and functional improvement noted. The provider has acknowledged that the patient continues to function marginally and is a candidate for opioid withdrawal. Furthermore, there is no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Nucynta is not medically necessary.

60 Tablets of Morphine Sulfate Extended Release 60mg: 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 Medical Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Morphine Sulfate ER, California Pain Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is only minimal pain relief and functional improvement noted. The provider has acknowledged that the patient continues to function marginally and is a candidate for opioid withdrawal. Furthermore, there is no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Morphine Sulfate ER is not medically necessary.