

Case Number:	CM14-0027584		
Date Assigned:	03/07/2014	Date of Injury:	07/12/2012
Decision Date:	05/22/2014	UR Denial Date:	02/19/2014
Priority:	Standard	Application Received:	03/04/2014

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 Geriatrics and is licensed to practice in New York. 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 46 year old man with a date of injury of 7/12/12. He was seen for an initial comprehensive interventional pain management evaluation on 1/8/14. He had complaints of chronic low back, right hip, right leg/foot pain and chronic neck pain and headache. He was working full time. His physical exam was significant for tenderness and paracervical and occiput trigger points. There was no sensory or gross motor deficits of the upper extremities. Straight leg raises were negative bilaterally. Gait was minimally antalgic. He was diagnosed with chronic low back pain (right greater than left), degenerative disc disease and lumbar spondylosis, myofascial pain/spasm, hypertension and poor sleep hygiene. At issue in this review is urine drug testing and prescriptions for Nucynta and Lorzone.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE/PROSPECTIVE NUCYNTA: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria For Use For A Therapeutic Trial Of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75. Decision based on Non-MTUS Citation Up to date: overview of the treatment of chronic pain and nucynta drug information.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. Tapentadol is a Schedule II controlled substance in the United States which can lead to addiction. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram®) are reported to be effective in managing neuropathic pain. (Kumar, 2003) Side effects are similar to traditional opioids. The MD visit of 1/14 fails to significant symptoms or loss of function to justify use of this class of medications. The medical necessity of Nucynta is not substantiated in the records. Therefore the request is not medically necessary and appropriate.

RETROSPECTIVE/PROSPECTIVE LORZONE: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants (For Pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 63-66.

Decision rationale: This injured worker has chronic pain with an injury sustained in 2012. His medical course has included numerous treatment modalities. Per the chronic pain guidelines for muscle relaxant use, non-sedating muscle relaxants are recommended for use with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use can lead to dependence. The MD visit of 1/14 fails to document significant spasms or loss of significant function to justify use. The medical necessity of Lorzone is not substantiated in the records. Therefore the request is not medically necessary and appropriate.

URINE DRUG TEST: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 43 and 77-78.

Decision rationale: This injured worker has a history of chronic pain since 2012. She has had various treatment modalities including opioids. Per the chronic pain guidelines, urine drug screening may be used at the initiation of opioid use for pain management and in those individuals with issues of abuse, addiction or poor pain control. In the case of this injured workers, the records fail to document any issues of abuse or addiction or the medical necessity of a drug screen. Therefore the request is not medically necessary and appropriate.