

Case Number:	CM14-0033302		
Date Assigned:	03/21/2014	Date of Injury:	10/28/1983
Decision Date:	06/30/2014	UR Denial Date:	03/05/2014
Priority:	Standard	Application Received:	03/17/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Texas and Florida. 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 62 year old who was injured on 10/28/1983. The diagnoses are cervical radiculopathy, occipital headache and neck pain. There is associated diagnosis of insomnia. The patient had completed PT, chiropractic therapy and epidural steroid injections with significant pain relief and reduction of medications utilization. The cervical MRI showed degenerative disc disease and neural foraminal stenosis. On 12/5/2013, the patient had subjective complains of neck pain, occipital headache and numbness. The objective findings were decreased sensation on the C6-C8 dermatomes, and decreased range of motion of the cervical spine. The patient reported that he wanted to delay surgery with the use of medications and interventional injections. The medications are Norco, Nucynta and gabapentin for pain. A Utilization Review determination was rendered on 3/5/2014 recommending non certification for hydrocodone/APAP 10/325mg #120 and Nucynta 50mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/ APAP 10/325MG, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792.26 Page(s): 74-96, 124.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal pain. Opioids could be utilized for short term treatment of severe pain during acute injury and periods of exacerbation of chronic pain that is not responsive to standard NSAIDs, PT and exercise. Opioids could also be utilized for maintenance treatment of patients who have exhausted all forms of treatment including surgeries, interventional pain management, behavioral modification and psychiatric treatments. The required documentation during chronic opioid therapy include compliance monitoring measures such as Pain Contract, UDS, absence of aberrant behavior and improvement in ADL/functional restoration. The records indicate that the patient had been on chronic opioid treatment for many years. The patient did not failed non opioid treatment options. The dosage of gabapentin at 300mg has not been optimized. Gabapentin is efficacious as monotherapy for the treatment of pain and associated mood and sleep dysfunctions. The patient is also utilizing Nucynta concurrently with Norco. There is no compliance monitoring documentations. The criteria for chronic treatment with hydrocodone/APAP 10/325mg #120.

NUCYNTA 50MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines 9792.20-9792. Page(s): 74-96, 111.

Decision rationale: The CA MTUS addressed the use of opioids for the treatment of chronic musculoskeletal and neuropathic pain. Nucynta is an analgesic that acts on opioid and non opioid receptors. It is associated with less addictive and sedative properties than pure opioid agonists. The guideline recommend that Nucynta be used as second-line medication for patients who have failed or cannot tolerate pure opioid agonists. The record indicate that the patient did not fail first line opioids. The patient is utilizing Nucynta and hydrocodone concurrently. The dosage of non opioid medications such as gabapentin have not been optimized. The patient had reported significant pain relied with PT and exercise but the record did not indicate if the patient is still utilizing non medication management treatments. The criteria for the use of Nucynta 50mg #120 have not been met.