

Case Number:	CM14-0045276		
Date Assigned:	06/27/2014	Date of Injury:	03/31/1999
Decision Date:	08/21/2014	UR Denial Date:	03/13/2014
Priority:	Standard	Application Received:	04/01/2014

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 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 54-year-old male who has submitted a claim for Spasm of Muscle, Chronic Pain Syndrome, Lumbago, Pain in the Shoulder Joint Region, and Pain in the Pelvic Region and Thigh associated with an industrial injury date of March 31, 1999. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of hip pain and difficulty lying down on his side, which awakened him at night. He also complained of low back pain, rated 3/10, and mid back pain, rated 5/10. On physical examination, transfers and gait were normal. Treatment to date has included aquatic therapy, home exercise program, and medications including Nucynta 50 mg one PO QID (since at least January 2013), Fentanyl 50 mcg/hr patch one patch to last 72 hours (since at least February 2014), and Norco 10/325 mg 6 tablets PO daily (since at least February 2014). Utilization review from March 13, 2014 modified the request for 1 prescription of Nucynta 50mg #120 to 1 prescription of Nucynta 50 mg #90 but the rationale for determination was not included in the records for review. The same utilization review denied the request for 1 prescription Of Fentanyl 75mg #15, and 1 prescription of Norco 10/325 mg #60 because there was no documentation of functional improvement with prior opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of 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, chronic pain.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

Decision rationale: CA MTUS does not specifically address Tapentadol. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers' Compensation, the Official Disability Guidelines (ODG) was used instead. ODG states that Tapentadol is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. In this case, the records did not show evidence of intolerable adverse effects with first-line opioids. There was no rationale provided for the continued use of Nucynta. Therefore, the request for 1 Prescription of Nucynta 50 mg, #120 is not medically necessary.

1 Prescription Of Fentanyl 75mg #15: 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 Duragesic (Fentanyl Transdermal System) Page(s): 44.

Decision rationale: According to page 44 of the CA MTUS Chronic Pain Medical Treatment Guidelines, Duragesic is not recommended as a first-line therapy. The FDA-approved product labeling states that Duragesic is indicated in the management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. In this case, Fentanyl patches were being prescribed since at least February 2014 (6 months to date). However, there was no documentation of functional improvement with this medication. Furthermore, there was no discussion regarding failure of other forms of treatment nor was there a discussion regarding the need for continuous opioid analgesia. There is no clear indication for continued use of Fentanyl patches. Therefore, the request for 1 Prescription of Fentanyl 75 mg, #15 is not medically necessary.

1 prescription of Norco 10/325 mg #60: 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 Opioids, On-going Management Page(s): 78-81.

Decision rationale: According to pages 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescribed at the lowest possible dose and unless there is ongoing review and documentation of pain relief, functional

status, appropriate medication use, and side effects. In this case, Norco was being prescribed since at least February 2014 (6 months to date). However, given the 1999 date of injury, the exact duration of opioid use is not clear. In addition, there was no discussion regarding non-opiate means of pain control or endpoints of treatment. The records also do not clearly reflect continued analgesia or functional benefit or a lack of adverse side effects or aberrant behavior. Although opioids may be appropriate, additional information would be necessary as CA MTUS require clear and concise documentation for ongoing opioid management. Therefore, the request for 1 prescription of Norco 10/325 mg, #60 is not medically necessary.