

<b>Case Number:</b>	CM14-0060573		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	04/11/1990
<b>Decision Date:</b>	09/05/2014	<b>UR Denial Date:</b>	03/27/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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:

This is a 63-year-old female with a 4/11/90 date of injury. The mechanism of injury was not noted. According to a progress note dated 5/19/14, the patient complained of ongoing neck pain with associated numbness and tingling in the upper extremities. She rated her pain 4/10 on visual analog scale. The patient complained of mid-low back pain with tenderness over the greater trochanter, bilaterally. She rated her pain 7-8/10 on visual analog scale. She reported significant relief of her low back pain with radiofrequency ablation for approximately nine months. Objective findings: palpable tenderness of the right SI joint, positive Fortin's sign, positive compression, positive thigh thrust, decreased sensation to light touch of lumbar spine and lower extremities. Diagnostic impression: greater trochanteric bursitis, right radiculopathy, C4-7 stenosis, cervical spinal stenosis, right SI joint dysfunction, facet arthropathy L2-3, LS-4,L4-5, lumbar disc degeneration, right lower extremity radiculopathy. Treatment to date: medication management, activity modification, radiofrequency ablation A UR decision dated 3/27/14 denied the request for L2, 3, 4, 5 radiofrequency ablation, Nucynta, Norco, and Colace. Regarding radiofrequency ablation, there is no documentation of duration and intensity of pain relief from a prior procedure as well as functional improvement and decreased medication use after the last neurotomy procedure. Regarding Nucynta and Norco, a urine drug screen was not provided for review. The claimant previously received non-certification for both retrospective and prospective usage of Nucynta and Norco due to lack of CA mandated documentation and as Nucynta is an N drug on the Official Disability Guidelines (ODG) formulary. Further, there are no details about the claimant's risk assessment profile, attempt at weaning/tapering, and an updated and signed pain contract between the provider and claimant. Regarding Colace, in this case, the claimant is non-certified for opioid therapy in the form of Nucynta and Norco and there are no current complaints of constipation reported in the medical records submitted for review.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Right L2, 3, 4, 5 radiofrequency ablation:** Upheld

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation Low Back Procedure Summary.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300-301, Chronic Pain Treatment Guidelines 9792.24.2 LOW BACK COMPLAINTS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) LOW BACK CHAPTER.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not apply. Official Disability Guidelines (ODG) criteria for request for authorization include evidence of adequate diagnostic blocks, documented improvement in visual analog scale score, documented improvement in function, evidence of a formal plan of additional evidence-based conservative care in addition to facet joint therapy, at least 12 weeks at 50% relief with prior neurotomy, and repeat neurotomy to be performed at an interval of at least 6 months from the first procedure. It is noted that the patient reported significant relief in low back pain from a prior radiofrequency ablation in 06/12 for approximately nine months allowing for decreased pain and increased functional status. However, there is no documentation of the percentage of relief she experienced. There is no documentation of functional improvement and decreased medication use after the last neurotomy procedure. In addition, there is no documentation of additional conservative care. Furthermore, guidelines do not support more than two joint levels to be performed at one time, and this is a request for 4 joint levels. Therefore, the request for Right L2, 3, 4, 5 radiofrequency ablation was not medically necessary.

**Prospective usage of Nucynta ER 150 mg, #60:** Upheld

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

**MAXIMUS guideline:** The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES (ODG) PAIN CHAPTER.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) does not address this issue. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, so if patients on OxyIR complain of

constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. There is no documentation that the patient has tried a first-line agent for her pain. In addition, the patient is also on another opioid medication, Norco. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, according to the UR decision dated 3/27/14, there have been prior UR decisions recommending weaning the patient off Nucynta. There is no documentation in the reports reviewed that the provider has addressed the issue of weaning. Therefore, the request for Prospective usage of Nucynta ER 150 mg, #60 was not medically necessary.

**Prospective usage of Norco 10 / 325 mg #150: Upheld**

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 78-81.

**Decision rationale:** California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are 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. There is documentation that the patient's pain medications help decrease her pain as well as an increase in her ability to do activities of daily living (ADL's). However, there are no visual analog scale scores provided addressing the patient's pain level with and without medication. According to the UR decision dated 3/27/14, prior UR decisions have recommended weaning the patient off of Norco. In addition, there is no documentation that the provider has addressed the recommendations for weaning. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Therefore, the request for Prospective usage of Norco 10 / 325 mg #150 was not medically necessary.

**Prospective usage of Colace: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Treatment in Worker's Compensation.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Page(s): 77.

**Decision rationale:** The Food and Drug Administration (FDA) states the following: Sodium Docusate is indicated for the short-term treatment of constipation; prophylaxis in patients who should not strain during defecation; to evacuate the colon for rectal and bowel examinations; and prevention of dry, hard stools. CA MTUS states that with opioid therapy, prophylactic treatment of constipation should be initiated. The patient is using Colace to prevent opioid-induced constipation. However, because the opioid medications she has been utilizing, Norco and

Nucynta, have been non-certified, there is no necessity for the use of a prophylactic medication. Therefore, the request for Prospective usage of Colace was not medically necessary.