

Case Number:	CM14-0061743		
Date Assigned:	07/09/2014	Date of Injury:	02/15/2008
Decision Date:	08/13/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/02/2014

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 & Rehabilitation 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 injured worker is a 48-year-old male who reported an injury on 02/15/2008. The mechanism of injury was not provided within the medical records. The clinical note dated 06/18/2014 indicated diagnoses of cervical pain, cervical degenerative disc disease, chronic pain syndrome, post-laminectomy pain syndrome cervical, myalgia, and flare-up of cervical pain with radicular component and muscle spasm. The injured worker reported neck pain that radiated to his shoulders and scapula. The injured worker reported Opana and Nucynta were very beneficial for pain and well tolerated. He rated his pain without medications 7- 9/10 and with medications 6- 7/10. The injured worker reported prolonged position such as sitting, standing, walking, bending, or lifting made his pain condition worse. The injured worker reported changing positions, lying down, physical therapy, heat, and ice decreased his pain. The injured worker reported he continued to work full time managing a restaurant. On physical examination, the injured worker had decreased cervical range of motion in all planes, especially in extension and rotation to the right. There was tenderness to palpation of his cervical paraspinals, left greater than right. The injured worker had muscle spasms in his trapezius bilaterally. The injured worker's prior treatments included diagnostic imaging, surgery, physical therapy, and medication management. The injured worker's medication regimen included Opana and Nucynta. The injured worker reported he was functional on his medications. The provider reported he had no aberrant drug behaviors and has signed an opiate treatment agreement. The provider submitted a request for Opana and Nucynta. A request for authorization dated 04/16/2014 was submitted for Opana and Nucynta; however, a rationale was not provided for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 93.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines , Opioids, specific drug list, page 93, Opioids, dosing, page 86, and Opioids, criteria for use Page(s): 78, 86, 93.

Decision rationale: The California MTUS Guidelines recognize Opana (oxymorphone) as an opioid. The guidelines recommend that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. The guidelines recognize four domains that have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The injured worker's most recent urine drug screen dated 04/09/2014 was positive for buprenorphine, methadone, and Oxycodone. This is inconsistent for what the injured worker is prescribed. In addition, the injured worker has had ample time for weaning. Moreover, the request does not indicate a frequency. Therefore, the request for Opana ER 20 mg # 60 is not medically necessary and appropriate.

Nucynta 100mg, #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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

Decision rationale: The Official Disability Guidelines recommend Nucynta as a second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that Nucynta was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. The injured worker's most recent urine drug screen dated 04/09/2014 was positive for buprenorphine, methadone, and Oxycodone. This is inconsistent for what the injured worker is prescribed. In addition, the injured worker has had ample time for weaning. Moreover, the request does not indicate a frequency. Therefore, the request for Nucynta 100 mg, #80 is not medically necessary and appropriate.