

Case Number:	CM14-0071276		
Date Assigned:	07/14/2014	Date of Injury:	04/25/1996
Decision Date:	09/16/2014	UR Denial Date:	05/07/2014
Priority:	Standard	Application Received:	05/16/2014

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 57-year-old female who has submitted a claim for bilateral knee pain, pain disorder associated with psychological and medical condition, low back pain, cervicgia, common migraine, generalized pain, morbid obesity, and depression associated with an industrial injury date of 04/25/1996. Medical records from 12/08/2008 to 07/14/2014 were reviewed and showed that patient complained of pain in cervical spine radiating down bilateral upper extremities, bilateral shoulders, low back radiating down bilateral legs, and knees. Physical examination revealed multiple healed surgical scars and tenderness over occiput to sacrum. Cervical spine, shoulder, and right upper extremity ROM was normal. Sensation to light touch was decreased in the median nerve distribution of both hands. MMT of bilateral upper extremities was 4/5. There was no evidence of lumbar myelopathy. Pain/opiate appropriateness evaluation dated 02/03/2014 classified the patient as low risk for misuse of medications. MRI of the cervical spine dated 04/24/2014 was unremarkable. Recent urine drug tests dated 03/25/2014 and 05/14/2014 was consistent with prescribed medications. Of note, a diagnosis of depression was present (04/08/2014). Treatment to date has included left carpal tunnel release (10/28/1996), left index trigger finger release (03/03/1997), left index trigger finger tenosynovectomy (11/14/1997), spinal cord stimulator placement (03/12/1999), revision (04/14/2000) and removal (06/26/2002), right middle trigger finger release and excision of ganglion sheath (09/23/2008), OxyContin 40mg (prescribed since 12/08/2008), Nucynta ER 150mg #30 (prescribed since 04/23/2014), Nucynta IR 100mg #30 (prescribed since 04/23/2014), and other opioids such as Norco and Tramadol. Of note, Nucynta was prescribed due to failure of pain relief with other opioids (04/23/2014). Patient has reported 80% improvement of pain with Nucynta (06/13/2014). Utilization review dated 05/07/2014 modified the request of unknown prescription of Nucynta ER 150mg #30 to one prescription because only one opioid should be weaned at a time.

Utilization review dated 05/07/2014 denied the request of unknown prescription of Nucynta IR 150mg #30 because there was no documentation of sufficient pain relief to justify continuation of opioid use. Utilization review dated 05/07/2014 denied the request for urine drug test because there was no evidence of opioid dependence to support conduction of urine test at this time.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Urine drug test: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, tools for risk stratification & monitoring, May 2009 Page(s): 94. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, Urine Drug Testing.

Decision rationale: As stated on page 94 of CA MTUS Chronic Pain Medical Treatment Guidelines, frequent random urine toxicology screens are recommended for patients at risk for opioid abuse. The Official Disability Guidelines classifies patients as 'moderate risk' if pathology is identifiable with objective and subjective symptoms to support a diagnosis, and there may be concurrent psychiatric comorbidity. Patients at 'moderate risk' for addiction/aberrant behavior are recommended for point-of-contact screening 2 to 3 times a year with confirmatory testing for inappropriate or unexplained results. In this case, the patient was diagnosed with depression (04/08/2014). The presence of psychiatric comorbidity classifies the patient at moderate risk for opioid abuse. The medical necessity for urine drug test has been established. Of note, urine drug tests dated 03/25/2014 and 05/14/2014 was consistent with prescribed medications. The guidelines allow screening up to 3 times per year for patients with moderate risk for aberrant behavior. Therefore, the request for 1 urine drug test is medically necessary.

Nucynta ER 150 mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Section, Nucynta.

Decision rationale: The CA MTUS does not specifically address this topic. 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. 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. When patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In this case, the patient was prescribed Nucynta ER 150mg # 30 since 04/23/2014 due to failure of pain relief with other opioid medications. There was no documentation of constipation, nausea, and/or vomiting from long-term OxyContin use (prescribed 12/08/2008). The guidelines only recommend Nucynta use if there was documentation of intolerable adverse effects with first-line opioids use. Furthermore, the request failed to specify the quantity of Nucynta to be prescribed. Therefore, the request for Nucynta ER 150 mg is not medically necessary.

Nucynta IR 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 Section, Nucynta.

Decision rationale: The CA MTUS does not specifically address this topic. 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. 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. When patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. The CA MTUS does not specifically address this topic. 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. 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. When patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. In this case, the patient was prescribed Nucynta IR 100mg # 30 since 04/23/2014 due to failure of pain relief with other opioid medications. There was no documentation of constipation, nausea, and/or vomiting from long-term OxyContin use (prescribed 12/08/2008). The guidelines only recommend Nucynta use if there was documentation of intolerable adverse effects with first-line opioids use. Furthermore, the request failed to specify the quantity of Nucynta to be prescribed. Therefore, the request for Nucynta IR 100 mg is not medically necessary.