

Case Number:	CM14-0072648		
Date Assigned:	07/16/2014	Date of Injury:	09/24/1997
Decision Date:	09/08/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/19/2014

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:

According to the records made available for review, this is a 48-year-old male with a 9/24/97 date of injury, and status post lumbar L5-S1 fusion 08 and status post removal of posterior instrumentation and right L5-S1 foraminotomy 2010. At the time (4/29/14) of request for authorization for hospital bed w/sleep number bed technology and Nucynta 100 mg 1 qhs, there is documentation of subjective (low back and right sciatic pain, pain rated 5-6/10) and objective (tenderness to palpation over the right lumbar facets, right buttock, right greater than left trochanter bursa, right lateral hip, positive straight leg raise on the right at 70 degrees, pain with extension, and lateral bending) findings, current diagnoses (post laminectomy syndrome lumbar, lumbosacral neuritis NOS scarring), and treatment to date (physical therapy, lumbar epidural steroid injection, chiropractic, acupuncture, and medications (including Zipsor and Zanaflex)). Regarding the requested hospital bed w/sleep number bed technology, there is no documentation that the patient's condition requires positioning of the body in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. Regarding the requested Nucynta 100 mg 1 qhs, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects; and that Nucynta is being used as a second line therapy due to intolerable adverse effects with first line opioid.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hospital bed w/sleep number bed technology: 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 for Workman's Compensation, Online Edition Chapter Knee and Leg (updated 02/15/12) Durable medical equipment (DME).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee and Leg, Durable medical equipment (DME) Other Medical Treatment Guideline or Medical Evidence: Medicare National Coverage Determinations Manual.

Decision rationale: MTUS does not address this issue. ODG supports durable medical equipment if there is a medical need and if the device or system meets Medicare's definition of durable medical equipment (DME). Medicare National Coverage Determinations Manual identifies documentation that the patient's condition requires positioning of the body (e.g., to alleviate pain, promote good body alignment, prevent contractures, avoid respiratory infections) in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed, as criteria necessary to support the medical necessity of hospital bed. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome lumbar, lumbosacral neuritis NOS scarring. However, there is no documentation that the patient's condition requires positioning of the body in ways not feasible in an ordinary bed or that the patient's condition requires special attachments that cannot be fixed and used on an ordinary bed. Therefore, based on guidelines and a review of the evidence, the request for hospital bed w/sleep number bed technology is not medically necessary.

Nucynta 100mg 1 qhs: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

Decision rationale: MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of Opioids. MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. ODG identifies documentation of Nucynta used as a second line therapy for patients who develop intolerable adverse effects with first line opioids, as criteria

necessary to support the medical necessity of Nucynta. Within the medical information available for review, there is documentation of diagnoses of post laminectomy syndrome lumbar, lumbosacral neuritis NOS scarring. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; and that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In addition, there is no documentation that Nucynta is being used as a second line therapy due to intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 100 mg 1 qhs is not medically necessary.