

Case Number:	CM14-0073949		
Date Assigned:	07/16/2014	Date of Injury:	10/19/2006
Decision Date:	12/09/2014	UR Denial Date:	04/29/2014
Priority:	Standard	Application Received:	05/21/2014

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 Anesthesiology, has a subspecialty in Pain Management, 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 53-year-old male with a 10/19/06 date of injury. At the time (4/7/14) of request for authorization for Interlaminar L4/5 epidural steroid injection, follow up evaluation with a pain management specialist (lumbar), and Nucynta 100mg #120, there is documentation of subjective (worse pain) and objective (tender lumbosacral area, flexes to knees, and extension to 10 degrees) findings, current diagnoses (lumbar strain and lumbar degenerative disc disease), and treatment to date (home exercise program, activity modifications, and medications (including ongoing treatment with Nucynta)). Regarding Interlaminar L4/5 epidural steroid injection, there is no documentation of subjective and objective radicular findings in the requested nerve root distribution, imaging findings at the requested level, and failure of additional conservative treatment. Regarding Nucynta 100mg #120, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications as a result of Nucynta use to date, Nucynta used as a second line therapy, and intolerable adverse effects with first line opioids.

IMR ISSUES, DECISIONS AND RATIONALES

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

Interlaminar L4/5 epidural steroid injection: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back, Epidural Steroid Injections (ESIs)

Decision rationale: MTUS reference to ACOEM guidelines identifies documentations of objective radiculopathy in an effort to avoid surgery as criteria necessary to support the medical necessity of epidural steroid injections. ODG identifies documentation of subjective (pain, numbness, or tingling in a correlating nerve root distribution) and objective (sensory changes, motor changes, or reflex changes (if reflex relevant to the associated level) in a correlating nerve root distribution) radicular findings in each of the requested nerve root distributions, imaging (MRI, CT, myelography, or CT myelography & x-ray) findings (nerve root compression OR moderate or greater central canal stenosis, lateral recess stenosis, or neural foraminal stenosis) at each of the requested levels, failure of conservative treatment (activity modification, medications, and physical modalities), and no more than two nerve root levels injected one session; as criteria necessary to support the medical necessity of lumbar epidural steroid injection. Within the medical information available for review, there is documentation of diagnoses of lumbar strain and lumbar degenerative disc disease. In addition, there is documentation of failure of conservative treatment (medications, activity modifications, and home exercise program). However, despite nonspecific documentation of subjective findings (worse pain) and objective findings (tender lumbosacral area, flexes to knees, and extension to 10 degrees), there is no specific (to a nerve root distribution) documentation of subjective (pain, numbness, or tingling) and objective (sensory, motor, or reflex changes) radicular findings in the requested nerve root distribution. In addition, there is no documentation of imaging findings at the requested level. Furthermore, there is no documentation of failure of additional conservative treatment (physical modalities). Therefore, based on guidelines and a review of the evidence, the request for Interlaminar L4/5 epidural steroid injection is not medically necessary.

Follow up evaluation with a pain management specialist (lumbar): 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) Low Back Procedure Summary

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, Office visits American College of Occupational and Environmental Medicine (ACOEM), 2nd Edition, (2004) Independent Medical Examinations and Consultations, page(s) 127

Decision rationale: MTUS reference to ACOEM guidelines state that the occupational health practitioner may refer to other specialist if a diagnosis is uncertain or extremely complex, when psychosocial facts are present, or when the plan or course of care may benefit from additional expertise. ODG identifies that office visits are based upon a review of the patient concerns, signs and symptoms, clinical stability, and reasonable physician judgment. Within the medical

information available for review, there is documentation of diagnoses of lumbar strain and lumbar degenerative disc disease. However, there is no documentation of a rationale for follow up evaluation with a pain management specialist. In addition, given non-certification of the associated request for Interlaminar L4/5 epidural steroid injection, there is no documentation of a pending procedure that has been authorized/certified. Therefore, based on guidelines and a review of the evidence, the request for follow up evaluation with a pain management specialist (lumbar) is not medically necessary.

Nucynta 100mg #120: Upheld

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

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), Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 lumbar strain and lumbar degenerative disc disease. However, there is no 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. In addition, given documentation of ongoing treatment with Nucynta, there is no documentation 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 as a result of Nucynta use to date. Furthermore, there is no documentation of Nucynta used as a second line therapy and intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for Nucynta 100mg #120 is not medically necessary.

Retrospective Nucynta 100mg #120 provided on 04/21/2014: Upheld

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

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) Other Medical Treatment Guideline or Medical Evidence: Title 8, California Code of Regulations, section 9792.20

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 lumbar strain and lumbar degenerative disc disease. However, there is no 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. In addition, given documentation of ongoing treatment with Nucynta, there is no documentation 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 as a result of Nucynta use to date. Furthermore, there is no documentation of Nucynta used as a second line therapy and intolerable adverse effects with first line opioids. Therefore, based on guidelines and a review of the evidence, the request for retrospective Nucynta 100mg #120 provided on 04/21/2014 is not medically necessary.