

Case Number:	CM14-0176722		
Date Assigned:	01/13/2015	Date of Injury:	08/02/2007
Decision Date:	03/03/2015	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/24/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

47 year old male injured his lower back at work on 2 Aug 2007. He has been diagnosed as having lumbar degenerative disc disease with lumbar radiculopathy, chronic low back pain syndrome and depression with anxiety. Comorbid conditions include obesity (BMI 32.9). At his most recent provider visit (27 Oct 2014) he complained of continued low back pain with pain into his right thigh. Medication helped decrease pain from 6-7/10 to 4/10. Exam showed a normal gait, back pain on motion but with no motor abnormalities or muscle spasms. There were no ancillary studies available for review. He may have demonstrated medication seeking behavior in that he had a number of emergency room visits for pain medications in the recent past. He has been treated recently with a request for chiropractic care and with medications (Nucynta, Norco, Lidoderm, Docu Soft, Valium, Doc-Q-Lace, ibuprofen, medrol dosepak). His present medications are Nucynta 50 mg every 6 hr, Norco 10/325 to max of 8 per day, Lidoderm patch, ibuprofen, Valium 10 mg daily and Docu Soft.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 mg # 120 with 2 refills: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation official disability guidelines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 60, 74-96.

Decision rationale: Nucynta (tapentadol) is a short acting opioid medication with a dual mode of action; simulates opioid receptors and inhibits norepinephrine reuptake. It is indicated for use to treat moderate to severe pain and comes in a short-acting preparation (Nucynta) and a long-acting, extended release preparation (Nucynta ER). According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses opioid use by presenting a number of recommendations required for providers to document safe use of these medications. For this patient there is evidence in the notes that the provider is following these recommendations although the frequent emergency room visit suggests addictive behaviors may be developing. The present dose of Nucynta has a morphine equivalent dose of 73 mg/day. If short-acting Norco is added to the treatment then the morphine equivalent dose would be up to 153 mg per day. This far exceeds the MTUS recommended morphine equivalent daily dose and thus increases the patient's risk for overdose and possibly death. Addition of more opioids in this patient is not indicated however the provider needs to decide which short acting opioid he wants the patient to take. Medical necessity for use of an opioid in this patient is established. Because of the nature of the disease, the potential for narcotic abuse in a patient showing some suggestion of addictive behavior, and the large number of medications the patient is presently taking, the medication prescriptions should be limited to one month and be refilled in association with monthly re-evaluations.

Docu soft 100 mg soft gel cap # 90 with 2 refills: Overturned

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation 1) American Gastroenterological Association Medical Position Statement on Constipation, Gastroenterology, Volume 144, Issue 1, Pages 211-217, January 2013 2) University of Iowa College of Nursing Guideline: Management of Constipation, 1996 (revised 2009 Oct). Bibliographic Source(s): McKay SL, Fravel M, Scanlon C. Management of constipation. Iowa City (IA): University of Iowa Gerontological Nursing Interventions Research Center, Research Translation and Diss

Decision rationale: Docu Soft (docusate) is an anionic surfactant, that is, it is a substance that lowers the surface tension of water. It is a common over-the-counter medication classified as a stool softener and approved to treat constipation in adults. The common causes of chronic

constipation in this patient's age group are inadequate fiber in diet, inadequate fluid intake, inadequate exercise and/or side effects from medications (such as opioids). Medical treatment would normally begin with fiber supplementation and/or osmotic or stimulant laxatives. The treatment for opioid-induced constipation is a stool softener plus a stimulant laxative. For this patient there is documentation the patient is taking an opioid medication. At this point in the care of this individual use of Docu Soft is indicated. Medical necessity has been established.

Ibuprofen 600 mg # 90 with 2 refills: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Non-Steroidal Anti-Inflammatory Drugs Page(s): 67-73.

Decision rationale: Ibuprofen is a non-steroidal anti-inflammatory medication (NSAID). NSAIDs as a group are recommended for treatment of osteoarthritis and for short-term use in treating symptomatic pain from joint or muscle injury. In fact, MTUS guidelines notes that studies have shown use of NSAIDs for more than a few weeks can retard or impair bone, muscle, and connective tissue healing and perhaps even cause hypertension. This patient has had stable chronic pain for over 12 weeks and thus can be considered past the point where NSAIDs should be of value in treatment unless used short-term for exacerbation of the patient's chronic injuries. As the records do show instructions to the patient for use of this medication only for exacerbations its use is indicated at this time. Medical necessity has been established.

Norco 10/ 325 mg # 30 with 2 refills: 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): 60, 74-96.

Decision rationale: Norco is a mixed medication made up of the opioid, hydrocodone, and acetaminophen, better known as tylenol. It is recommended for moderate to moderately severe pain with usual dosing of 5-10 mg hydrocodone per 325 mg of acetaminophen taken as 1-2 tablets every 4-6 hours. Maximum dose according to the MTUS is limited to 4 gm of acetaminophen per day which is usually 60mg/day of hydrocodone (60 mg of morphine equivalent narcotic). According to the MTUS, opioid therapy for control of chronic pain, while not considered first line therapy, is considered a viable alternative when other modalities have been tried and failed. Success of this therapy is noted when there is significant improvement in pain or function. It is important to note, however, the maximum daily dose of opioids, calculated as morphine equivalent dosing from use of all opioid medications, is 120 mg per day. The major risks of opioid therapy is the development of addiction, overdose and death. The pain guidelines in the MTUS directly addresses opioid use by presenting a number of recommendations required

for providers to document safe use of these medications. For this patient there is evidence in the notes that the provider is following these recommendations although the frequent emergency room visit suggests addictive behaviors may be developing. The present dose of Norco has a morphine equivalent dose of 80 mg/day. If short-acting Nucynta is added to the treatment then the morphine equivalent dose would be up to 153 mg per day. This far exceeds the MTUS recommended morphine equivalent daily dose and thus increases the patients risk for overdose and possibly death. Addition of more opioids in this patient is not indicated however the provider needs to decide which short acting opioid he wants the patient to take. Medical necessity for use of an opioid in this patient is established. Because of the nature of the disease, the potential for narcotic abuse in a patient showing some suggestion of addictive behavior, and the large number of medications the patient is presently taking, the medication prescriptions should be limited to one month and be refilled in association with monthly re-evaluations. Since use of Nucynta has already been approved then use of Norco at the present prescribed dosage is not recommended

Lidoderm 5% patch (700mg) # 30 with 2 refills: Overtured

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics; Lidoderm Page(s): 56-7, 111-13.

Decision rationale: Lidoderm (lidocaine) patch is an anesthetic product formulated for topical use. The use of topical agents to control pain is considered by the MTUS to be an option although it is considered largely experimental, as there is little to no research to support their use. Topical lidocaine in the form of Lidoderm is recommended in the MTUS only for treatment of neuropathic pain. Other topical forms of this medication are not recommended and use of this medication for non-neuropathic pain is also not recommended. Since this patient does have neuropathic pain and present use of this medication is helping control the patient's pain, continued use of this medication is indicated. Medically necessity has been established.