

Case Number:	CM14-0201171		
Date Assigned:	12/11/2014	Date of Injury:	01/20/2000
Decision Date:	01/31/2015	UR Denial Date:	11/07/2014
Priority:	Standard	Application Received:	12/02/2014

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 Rehab, has a subspecialty in Interventional spine 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:

This is a 65 year old male with a date of injury of 01/20/2000 after slipping and falling while working as a bus driver. According to the primary physician's progress report dated 10/31/2014, the patient presented for a follow up appointment and reports that the extended release Nucynta does not work as well as the immediate release Nucynta. Examination documented tenderness and pain in the neck and bilateral shoulders. There is positive Spurling's and decrease in shoulder range of motion. Diagnoses included chronic pain syndrome, status post cervical fusion, and lumbar degenerative joint disease with moderate stenosis. According to an initial evaluation dated 08/29/2014, treatments have consisted of spinal cord stimulator, trigger point injections, and medications. Diagnostic testing included a MRI dated 07/16/2012 which revealed moderate to moderately severe central canal narrowing at L4-L5 and moderate at L3-L4 and degenerative changes at every level of the lumbar spine. Work status is not noted in the received medical records. On 11/07/2014, Utilization Review modified the request for Nucynta ER 200mg #60 and Nucynta IR 50mg #120 to Nucynta 200mg ER #30 for weaning and Nucynta IR 50mg #60 for weaning citing California Medical Treatment Utilization Schedule Chronic Pain Medical Treatment Guidelines. The Utilization Review physician stated that the attached medical record does not indicate that the injured worker had issues with first line medications. Additionally, there is no documentation of an objective decrease of pain scores or increased ability to function or perform activities of daily living with the usage of Nucynta and the combined med is excessive at 280mg daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Nucynta ER 200 mg quantity 60. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient was first prescribed this medication on 09/30/2014. The patient reports that with medication the pain is 2/10 and without medication pain increases to 4/10. With medications he is able to walk and climb stairs, shop, do housework and garden. In this case, recommendation for further use of Nucynta ER cannot be supported as there is no discussion of adverse side effects and possible aberrant behaviors are not addressed. The MTUS requires documentation of the 4A's for continued opiate use. The treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication is not medically.

Nucynta IR 50mg quantity 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88 and 89, 78.

Decision rationale: This patient presents with chronic neck and low back pain. The current request is for Nucynta IR 50 mg quantity #120. For chronic opiate use, the MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4A's (analgesia, ADLs, adverse side effects, and aberrant behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. Review of the medical file indicates the patient was first prescribed this medication on 09/30/2014. The patient reports that with medication the pain is 2/10 and without medication pain increases to 4/10. With medications he is able to walk and climb stairs, shop, do housework and garden. In this case, recommendation for further use of Nucynta IR cannot be supported as there is no discussion of adverse side effects and possible aberrant behaviors are not addressed. The MTUS requires documentation of the 4A's for continued opiate use. The

treating physician has failed to document the minimum requirements of documentation that are outlined in MTUS for continued opiate usage. The requested medication is not medically necessary.