

Case Number:	CM14-0202861		
Date Assigned:	12/15/2014	Date of Injury:	06/13/2011
Decision Date:	02/05/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/04/2014

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 Pain 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 injured worker is a 44 year-old male with a date of injury of June 13, 2011. The patient's industrially related diagnoses include severe left hand pain, CRPS type 2, s/p traumatic injury, left carpal tunnel syndrome, amputation of the proximal interphalangeal joint of the index finger, left hand, status post revision of the amputation to the phalanx, and tendon transfer for the reconstructive operation. The disputed issues are prescriptions for Nucynta ER 150mg #60 and Nucynta IR 50mg #90 and Omeprazole 20mg #60. A utilization review determination on 11/10/2014 had modified the request for Nucynta ER and IR and denied the request for Omeprazole. The stated rationale for the modification was: "These are requests for Nucynta ER and Nucynta IR. CA MTUS 2009 ACOEM is silent on this issue, but ODG notes that this medication is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The provider notes that Nucynta lasts longer than methadone, keeps him more alert, and allows for better function. However, the guidelines recommend that the total morphine equivalent dosage not exceed 120mg per day. Based on the currently available information, the medical necessity for these opiates has been established. However, the requests are modified for Nucynta ER #30 and Nucynta IR #45 to continue downward titration." Lastly the stated rationale for the denial of Omeprazole was: "This is a request for Omeprazole. CA MTUS 2009 Chronic Pain Treatment Guidelines recommend proton-pump inhibitors for patients taking NSAIDs with documented GI distress symptoms and/or GI risk factors. There is no documentation of GI distress symptoms. Therefore, based on the currently available information, the medical necessity for this GI protective medication has not been established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg QTY: 60: 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 (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: Nucynta ER 150mg is an opiate pain medication. Regarding this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. It should be noted that the monthly pain management progress notes contained the same paragraph text repeated which stated that this injured worker had discussed the treatment agreement, informed consent was reestablished for medical management, and the 4As were discussed and documented. However, while the treating physician documented that current medications were working well, he did not document pain relief or objective functional improvement (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) with the use of the opiate medications. Furthermore, there was no recent urine drug screen results besides documentation of consistent baseline urine drug screen which was done on 10/31/2013, nor were any actual Patient Activity Reports from the CURES program made available to confirm that the injured worker was only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Nucynta ER 150mg #60 request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he sees fit or supply the requisite monitoring documentation to continue this medication.

Nucynta IR 50mg QTY: 90: 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 (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-80.

Decision rationale: Nucynta IR 50mg is an opiate pain medication. Regarding this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. It should be noted that the monthly pain management progress notes contained the same paragraph text repeated which stated that this injured worker had discussed the treatment agreement, informed consent was reestablished for medical management, and the 4As were discussed and documented. However, while the treating physician documented that current medications were working well, he did not document pain relief or objective functional improvement (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) with the use of the Nucynta. Furthermore, there was no recent urine drug screen results besides documentation of consistent baseline urine drug screen which was done on 10/31/2013, nor were any actual Patient Activity Reports from the CURES program made available to confirm that the injured worker was only getting opioids from one practitioner. Based on the lack of documentation, medical necessity for Nucynta IR 50mg #90 request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he sees fit or supply the requisite monitoring documentation to continue this medication.

Omeprazole 20mg QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 68-69. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Proton Pump Inhibitors (PPIs).

Decision rationale: Regarding the request for Omeprazole 20mg (Prilosec), California MTUS states that proton pump inhibitors are appropriate for the treatment of dyspepsia secondary to NSAID therapy or for patients at risk for gastrointestinal events with NSAID use. Within the progress reports available for review, there was no indication that the injured worker had complaints of dyspepsia secondary to NSAID use, a risk for gastrointestinal events with NSAID use, or another indication for this medication. It is noted that the injured worker was prescribed Celebrex, a Cox-2 selective agent, but that alone does not warrant a prescription for a proton pump inhibitor (Omeprazole) without evidence that the injured worker is at intermediate or high

risk for gastrointestinal events as outlined in the guidelines. Based on the lack of documentation, the currently requested Omeprazole 20mg #60 is not medically necessary.