MAXIMUS Federal Services

Case Number:	CM15-0000833		
Date Assigned:	01/12/2015	Date of Injury:	05/04/2013
Decision Date:	03/10/2015	UR Denial Date:	12/08/2014
Priority:	Standard	Application Received:	01/05/2015

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: Texas, California
Certification(s)/Specialty: Family Practice

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 37 year old male, who sustained an industrial injury on 5/4/2013. The current diagnoses are proximal tibial bone infarct, chondral fissure on the medial aspect of the femoral condyle, chronic pain syndrome, left knee pain, left knee strain, and status post left knee bone graft (2013).Currently, the injured worker complains of increasing left knee and low back pain. The pain is described as a constant aching and burning type pain. He reports an occasional locking sensation with movement, and it takes him awhile to get it "unlocked". His low back pain is an aching type pain with muscle spasms. He rates the pain 10/10 without medications and 5-6/10 with meds. The pain in better with sitting, medication, and ice and is worse with walking, standing, transfers, bending or lifting. Treatment to date has included medications, physical therapy, knee brace, cane, and surgery. The treating physician is requesting Nucynta 150mg #60 and H-wave unit, which is now under review.The patient's surgical history includeleft knee bone graft (2013).He has had a urine drug toxicology report on 12/09/14 that was positive for hydrocodone that was inconsistent.The medication list includes Nucynta, Naproxen and omeprazole.Per the doctor's note dated 11/26/14 patient had complaints of left knee pain at 5-10/10 with muscle spasm.Physical examination of the left knee revealed tenderness on palpation, mild effusion, positive McMurray's sign, flexion 115, extension 5, and normal sensory and motor examination.He has had MRI of the left knee on 06/7/2013 that revealed proximal tibial bone infraction.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 150mg quantity 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines MTUS (Effective July 18, 2009), Page 75Central actin.

Decision rationale: Request: Nucynta 150mg quantity 60Nucynta, is a centrally acting analgesic with a dual mode of action as an agonist of the opioid receptor and as a norepinephrine reuptake inhibitor. It is similar to tramadol in its dual mechanism of action.According to MTUS guidelines "Central acting analgesics: an emerging fourth class of opiate analgesic that may be used to treat chronic pain. This small class of synthetic opioids (e.g., Tramadol) exhibits opioid activity and a mechanism of action that inhibits the reuptake of serotonin and norepinephrine. Central analgesics drugs such as Tramadol (Ultram) are reported to be effective in managing neuropathic pain. (Kumar, 2003)" Cited guidelines also state that, "A recent consensus guideline stated that opioids could be considered first-line therapy for the following circumstances: (1) prompt pain relief while titrating a first-line drug; (2) treatment of episodic exacerbations of severe pain; [&] (3) treatment of neuropathic cancer pain."Nucynta use is recommended for treatment of episodic exacerbations of severe pain. The current diagnoses are proximal tibial bone infarct, chondral fissure on the medial aspect of the femoral condyle, chronic pain syndrome, left knee pain, left knee strain, and status post left knee bone graft (2013).Currently, the injured worker complains of increasing left knee and low back pain. The pain is described as a constant aching and burning type pain.He reports an occasional locking sensation with movement, and it takes him awhile to get it "unlocked". His low back pain is an aching type pain with muscle spasms. He rates the pain 10/10 without medications and 5-6/10 with meds. The patient's surgical history includes left knee bone graft (2013).Per the doctor's note dated 11/26/14 patient had complaints of left knee pain at 5-10/10 with muscle spasm.Physical examination of the left knee revealed tenderness on palpation, mild effusion, positive McMurray's sign, flexion 115, extension 5, and normal sensory and motor examination.He has had MRI of the left knee on 06/7/2013 that revealed proximal tibial bone infractionPatient is already taking a NSAID and a muscle relaxant. The patient is not taking any potent narcotics and there is no evidence of any medication abuse. The patient has chronic pain and the patient's medical condition can have intermittent exacerbations. Having Nucynta available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary.This request for Nucynta 150mg quantity 60 is deemed as medically appropriate and necessary.

H-wave unit: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines H-wave stimulation (HWT) Page(s): Page 117-118.

Decision rationale: Request: H-wave unitPer the CA MTUS Chronic Pain Medical Treatment Guidelines H-wave stimulation (HWT) is "Not recommended as an isolated intervention, but a one-month home-based trial of H Wave stimulation may be considered as a noninvasive conservative option for diabetic neuropathic pain, or chronic soft tissue inflammation if used as an adjunct to a program of evidence-based functional restoration, and only following failure of initially recommended conservative care, including recommended physical therapy (i.e., exercise) and medications, plus transcutaneous electrical nerve stimulation (TENS)."Per the records provided, any indications listed above were not specified in the records provided.The records provided did not specify any evidence of neuropathic pain, CRPS I and CRPS II.Any evidence of a trial and failure of a TENS for this injury was not specified in the records provided.Patient has received an unspecified number of PT visits for this injury. The records provided did not specify a response to conservative measures such as oral pharmacotherapy or splint in conjunction with rehabilitation efforts for this diagnosis. Any evidence of diminished effectiveness of medications or intolerance to medications was not specified in the records provided.The medical necessity of H-wave unit is not fully established for this patient.