

Case Number:	CM15-0008685		
Date Assigned:	01/26/2015	Date of Injury:	09/13/2001
Decision Date:	03/13/2015	UR Denial Date:	12/30/2014
Priority:	Standard	Application Received:	01/15/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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:

The injured worker is a 61-year-old male, with a reported date of injury of 09/13/2001. The diagnoses include lumbar strain, cervical strain, lumbar post-laminectomy syndrome, status post lumbar fusion, cervical spondylosis with myelopathy, and status post cervical fusion. Treatments have included oral pain medication. The visit note dated 11/14/2014 indicates that the injured worker complained of low back pain that radiated to the right hip and left hip. He rated the pain 2-3 out of ten. The pain was relieved by rest and heat. There was also altered sensation in the left thigh associated with the pain. It was documented that the injured worker continued to take hydrocodone four times per day. He felt that this medication had not been as effective as it used to be. The physical examination showed no tenderness of the cervical spine or lumbar spine, no paravertebral tenderness noted, negative straight leg raise test, and normal range of motion of the bilateral lower extremity. The treating physician noted that the injured worker had a control substance agreement, and was consistent with the urine drug screen. The treating physician indicated that the medication therapy included opiate medication and recommended a trial of Butrans, they will not increase hydrocodone, and if there is toleration of Butrans, they will begin weaning of the hydrocodone. On 12/30/2014, Utilization Review (UR) denied the request for Nucynta Extended-Release (ER) 50mg, Nucynta ER 50mg (DND 12/14/2014), Butrans 10mcg #4, Hydrocodone-acetaminophen 10/325mg 10/325mg (DND 12/14/2014), and modified the request for Hydrocodone-acetaminophen 10/325mg. The UR physician noted that the injured worker did not have an intolerable adverse effect to first line opioids, and since the discontinuation of opiate medications were appropriate for the injured worker, introducing

another opiate was not indicated, and weaning of hydrocodone-acetaminophen was appropriate based on lack of benefit. The MTUS Chronic Pain Guidelines and the Non-MTUS Official Disability Guidelines were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nycynta. Decision based on Non-MTUS Citation Official Disability Guideines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 75. Decision based on Non-MTUS Citation Uptodate: overview of the treatment of chronic pain and nycynta drug information

Decision rationale: This injured worker has chronic pain with an injury sustained in 2001. Nycynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MD visit of 11/14 fails to document a discussion of efficacy with regards to pain and function or side effects to justify use of this class of medications. The medical necessity of nycynta is not substantiated in the records.

Nucynta ER 50 mg (DND 12/14/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Nycynta. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 75. Decision based on Non-MTUS Citation Uptodate: overview of the treatment of chronic pain and nycynta drug information

Decision rationale: This injured worker has chronic pain with an injury sustained in 2001. Nycynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MD visit of 11/14 fails to document a discussion of efficacy with regards to pain and function or side effects to justify use of this class of medications. The medical necessity of nycynta is not substantiated in the records.

Butrans 10 mcg #4: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This injured worker has neck back pain with an injury sustained in 2001. In opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Per the guidelines, satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document a discussion of efficacy with regards to pain and function or side effects to justify use of butrans. The medical necessity of butrans is not substantiated in the records.

Hydrocodone-acetaminophen 10/325 mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20-9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2001. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Hydrocodone-acetaminophen to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Hydrocodone-acetaminophen is not substantiated in the records.

Hydrocodone-acetaminophen 10/325 mg (DND 12/14/2014): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This injured worker has chronic back and leg pain with an injury sustained in 2001. Per the guidelines, in opiod use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit of 11/14 fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to Hydrocodone-acetaminophen to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Hydrocodone-acetaminophen is not substantiated in the records.