

Case Number:	CM15-0102520		
Date Assigned:	06/04/2015	Date of Injury:	02/03/2006
Decision Date:	07/10/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/28/2015

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 was a 56 year old female, who sustained an industrial injury, February 3, 2006. The injured worker previously received the following treatments Toradol injections for pain flare-ups, Nucynta, Tramadol, lumbar spine MRI and physical therapy. The injured worker was diagnosed with low back pain; right sacroilitis, and lumbar facet pain, status post left total knee replacement, left knee pain and cervical strain/sprain. According to progress note of April 2, 2015. The injured workers chief complaint was persistent low back pain of 7-8 out of 10. The pain was described as constant throbbing and sharp shooting type. The injured worker reported several flare-ups of pain. The injure worker was having trouble sleeping and had used Nucynta in the past which helped with sleep on an as needed bases. The lumbar spine MRI on 1/20/15 showed severe facet arthropathy at L4-L5 and L5-S1; there was minimal disc protrusion at most levels of the lumbar spine; left L5-S1 foraminal protrusion which contacts the left L5 exiting root. The physical exam noted an antalgic gait on the left. There was stiffness noted in the lumbar spine and spasms noted in the lumbar paraspinal muscles. There was tenderness noted at the lumbar facet joints bilaterally. There was also tenderness noted in the left knee joint line. There was atrophy in the left quadriceps muscle. The treatment plan included physical therapy and a prescription for Nucynta. Patient has received an unspecified number of PT visits for this injury. The patient's surgical history includes left TKR and left CTR. The medication list includes Nucynta, Oxycodone and Lyrica. The patient sustained the injury due to slip and fall incident.

IMR ISSUES, DECISIONS AND RATIONALES

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

Physical Therapy 2 x 4 to the Left Knee: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 98-99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Physical therapy Page(s): 98.

Decision rationale: Request: Physical Therapy 2 x 4 to the Left Knee. The guidelines cited below state, "allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home physical medicine." Patient has received an unspecified number of PT visits for this injury. Previous conservative therapy notes were not specified in the records provided. The requested additional visits in addition to the previously certified PT sessions are more than recommended by the cited criteria. The records submitted contain no accompanying current PT evaluation for this patient. There was no evidence of ongoing significant progressive functional improvement from the previous PT visits that is documented in the records provided. Previous PT visits notes were not specified in the records provided. There was no objective documented evidence of any significant functional deficits that could be benefited with additional PT. Per the guidelines cited, "Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels." A valid rationale as to why remaining rehabilitation cannot be accomplished in the context of an independent exercise program is not specified in the records provided. The medical necessity of the request for Physical Therapy 2 x 4 to the Left Knee is not fully established for this patient. The request is not medically necessary.

Nucynta 50mg #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 18 Edition (web) 2013, Treatment in Workers Compensation, Pain, Nucynta.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines MTUS (Effective July 18, 2009), page 75 Central acting analgesics: Page 82 Opioids for neuropathic pain.

Decision rationale: Nucynta 50mg #30. Tramadol is a centrally acting synthetic opioid analgesic. 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, 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. The injured worker was diagnosed with low back pain; right sacroilitis, and lumbar facet pain, status post left total knee replacement, left knee pain and cervical strain/sprain. According to progress note of April 2, 2015 the injured workers chief complaint was persistent low back pain of 7-8 out of 10. The pain was described as constant throbbing and sharp shooting type. The injured worker reported several flare-ups of pain. The injure worker was having trouble sleeping and had use Nucynta in the past which helped with sleep on an as needed bases. The lumbar spine MRI on 1/20/15 showed severe facet arthropathy at L4-L5 and L5-S1; left L5-S1 foraminal protrusion which contacts the left L5 exiting root. The physical exam noted an antalgic gait on the left. There was stiffness noted in the lumbar spine and spasms noted in the lumbar paraspinal muscles. There was tenderness noted at the lumbar facet joints bilaterally. There was also tenderness noted in the left knee joint line. There was atrophy in the left quadriceps muscle. The patient's surgical history includes left TKR and left CTR. The patient has chronic pain with abnormal objective findings, abnormal imaging studies and a history of major surgeries. The patient's medical condition can have intermittent exacerbations. Having tapentadol available for use during sudden unexpected exacerbations of pain is medically appropriate and necessary. It has been prescribed in a small quantity without any refills. This request for Nucynta 50mg #30 is medically necessary.