

Case Number:	CM15-0105121		
Date Assigned:	06/09/2015	Date of Injury:	02/05/2012
Decision Date:	07/10/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/02/2015

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: California, Indiana, New York
 Certification(s)/Specialty: Internal 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 54 year old male, who sustained an industrial injury on 2/5/12. The injured worker has complaints of pain in the bilateral forearms from the elbow to the fingers and across the low back and down the outer aspect of the bilateral thighs to the knees. The documentation on 4/21/15 noted that the injured worker shared that the pharmacy did not provide all of the tablets that were prescribed in his last prescription and as a result, he had increased anxiety and having difficulty coping and his pain is poorly controlled. The diagnoses have included degenerative disc disease, lumbar spine; facet arthropathy, L4-5 and L5-S1 (sacroiliac) and lumbar radiculopathy. Treatment to date has included nucynta; trazodone; Ativan and opana extended release; magnetic resonance imaging (MRI) of the lumbar spine on 2/12/13; electromyography/nerve conduction velocity on 3/25/13 showed no evidence of peroneal entrapment or peripheral neuropathy and evidence of mild acute L5 radiculopathy on the left; thoracic spine X-rays on 6/26/13 showed mild arthritic changes, no acute fractures or dislocations; Lumbar spine X-rays on 6/26/13 showed facet joint arthropathy, no fractures of dislocations, overall alignment was satisfactory; pelvis X-rays on 6/26/14; right wrist X-rays on 6/26/13 and left wrist X-rays on the 6/26/13. The request was for nucynta 100mg #120; Ativan 2mg #60 and opana extended release 30mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section; Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 100mg #120 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar spine; facet arthropathy; and lumbar radiculopathy. The documentation shows the injured worker was prescribed Nucynta 100 mg as far back as November 13, 2014 (the earliest progress note in the medical record). Nucynta is indicated only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. There is no documentation in the medical record prior to November 13, 2014 indicating failed first-line opiate treatment and intolerable adverse effects. Consequently, absent clinical documentation with evidence of intolerable adverse effects with first-line opiates, Nucynta 100mg #120 is not medically necessary.

Ativan 2mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Benzodiazepines.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Ativan 2mg #60 is not medically necessary. Benzodiazepines are not recommended for long-term use (longer than two weeks), because long-term efficacy is unproven and there is a risk of psychological and physical dependence or frank addiction. Most guidelines limit use to four weeks. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar spine; facet arthropathy; and lumbar radiculopathy. The documentation from the earliest progress note in the medical record dated November 13, 2014

shows the treating provider prescribed Ativan 2 mg. The injured worker who the most recent progress of the medical record dated April 21, 2015 shows the injured worker has continued 4/10 pain with medications. Subjectively, the injured worker complains of anxiety and poorly controlled pain. There is no documentation indicating improvement from November 2014 through April 2015. Additionally, Ativan is not recommended for long-term use (longer than two weeks). Ativan has been prescribed in excess of five months. There is no objective functional improvement with ongoing Ativan 2 mg in the medical record. Consequently, absent clinical documentation with objective functional improvement, subjective functional improvement, attempted weaning and tapering with increased anxiety and poorly controlled pain and guideline non-recommendations for long-term use, Ativan 2mg #60 is not medically necessary.

Opana ER 30mg #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Opana ER 30mg #30 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are degenerative disc disease lumbar spine; facet arthropathy; and lumbar radiculopathy. Documentation from the earliest progress note in the medical record dated November 13, 2014 shows the treating provider prescribed Opana ER 30 mg. Over the subsequent months, the injured worker continued with subjective complaints of 4/10 pain with medications in the bilateral forearms, low back pain that radiated to the posterior thighs. There was increased anxiety associated with increased pain. Objectively, there was decreased range of motion to flexion of the lumbar spine. There was decreased sensation in the L4 - L5 dermatome. Urine drug toxicology screens were consistent. There was no documentation of objective functional improvement throughout the medical record ranging from November 13, 2014 through April 21, 2015. There were no attempts at weaning or tapering opiates. Consequently, absent clinical documentation with evidence of objective functional improvement and attempted weaning and were tapering of long-term opiate use, Opana ER 30mg #30 is not medically necessary.