

Case Number:	CM15-0160237		
Date Assigned:	08/26/2015	Date of Injury:	03/16/1998
Decision Date:	10/26/2015	UR Denial Date:	08/07/2015
Priority:	Standard	Application Received:	08/17/2015

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: Arizona, 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 67 year old male who sustained an industrial injury on 3-16-98. A review of the medical records indicates he is undergoing treatment for cervical spine pain, cervical radiculitis, cervical degenerative disc disease, cervical post-laminectomy syndrome, lumbosacral neuritis, lumbar post-laminectomy syndrome, facet joint syndrome, and lumbosacral degenerative joint disease. Medical records (2-23-15 to 7-27-15) indicate ongoing complaints of low back pain. The medical record, dated 5-14-15, indicates that the injured worker complains of pain "in his entire body", rating the pain an 8 out of 10. He reports that his "current prescribed medications are not providing a modicum of relief". The treating provider indicated treatment as the continuation of Nucynta 75mg three times daily, and to start MS Contin 60mg three times daily. The injured worker underwent lumbar surgery on 2-23-15. Follow-up with the surgeon on 5-28-15 reveals, "he has improved compared to pre-op". The record indicates that he is to start physical therapy on 6-4-15. He complained of "some burning pain anterior left thigh". The 6-25-15 progress note indicates that the injured worker continued to complain of "constant moderate low back pain with pain radiating into the left lower extremity diffusely". The progress note states that the injured worker is "doing well since surgery". The subjective portion of the 7-27-15 progress note is not included in the medical records. However, the physical examination on that date reveals normal range of motion in the cervical spine with "pain elicited with flexion and extension and left and right lateral rotation". Range of motion of the lumbar spine was noted to be limited with flexion and extension and left and right lateral rotation. Diagnostic studies are not included in the reviewed records. Treatment has included surgery, physical therapy and pain medications. The treatment recommendations on 7-27-15

include Nucynta ER 200mg, 1 tablet three times daily as needed, Morphine 15mg, 1 tablet three times daily as needed, MS Contin 60mg, 1 tablet every 8 hours, and Nucynta 75mg, 1 tablet three times daily as needed. The request for authorization (7-28-15) includes Nucynta ER 200mg twice daily, #60, and Morphine 15mg three times daily, #90. The utilization review (8-7-15) indicates partial certification of the medications to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Nucynta ER 200 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, the claimant had been on Dilaudid, Norco and short acting Nucynta. Pain scores remained 8/10. Reduction in scores with use of medications was not noted in the recent progress notes. No one opioid is superior to another. There was no mention of intolerance to other opioids, since the claimant was also on Morphine. The Nucynta ER as prescribed is not medically necessary.

Retro morphine 15 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Oral morphine.

Decision rationale: Morphine is not indicated for mechanical or compressive etiologies or back pain as 1st line. Although the claimant did not respond to Borco and Dilaudid, the claimant was on Nucynta currently, Pain scores remained high. There was no mention of Tricyclic failure. Reduction in scores with current regimen was not noted. No one opioid is superior to another. Continued use is not medically necessary.

