

Case Number:	CM15-0160661		
Date Assigned:	08/27/2015	Date of Injury:	02/02/2011
Decision Date:	09/30/2015	UR Denial Date:	07/21/2015
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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 56 year old male, who sustained an industrial injury on 2-02-2011. Diagnoses include cervical sprain and strain, thoracic sprain and strain, lumbar sprain and strain and lumbar vertebral herniated nucleus pulposus left L4-5. Treatment to date has included medication management. Current medications include Celebrex and Nucynta. Per the Primary Treating Physician's Progress Report dated 6-29-2015, the injured worker reported chronic low back pain. He is working full time now and Celebrex and Nucynta make this possible. He rates his current pain with medications as 2-3 out of 10. Objective findings are not documented. The plan of care included medications and transcutaneous electrical nerve stimulation (TENS) unit. Authorization was requested for Nucynta ER 200mg #60 and ART neuromuscular stimulator (6 week trial).

IMR ISSUES, DECISIONS AND RATIONALES

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

ART Neuro Muscular Stimulator 6 week trial: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chapter 9 Shoulder Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Neuromuscular Electrical Stimulation Page(s): 121.

Decision rationale: The patient presents with pain in the cervical, thoracic, and lumbar spines. The request is for ART Neuro Muscular Stimulator 6 week trial. Physical examination on 04/06/15 revealed a negative FLIP test bilaterally. Per 07/15/15 progress report, patient's diagnosis includes cervical sprain/strain, thoracic spine sprain/strain, lumbar sprain/strain, and lumbar vertebral HNP L4/5 - left side. Patient's medications, per 06/29/15 progress report include Celebrex, Nucynta, Flector Patch, and Tramadol. Patient is working regular duties. MTUS Guidelines, page 121, Neuromuscular Electrical Stimulation (NMES Devices) Section has the following: "Not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG)-triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord- injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005)" The treater has not specifically discussed this request. The patient continues with pain in the low back that distributes to the entire spine, including the neck, and the thoracic spine. MTUS Guidelines recommend neuro muscular stimulators (NMES) as part of rehabilitative treatment program for stroke, not for chronic pain. In this case, there is no evidence that the patient has had a stroke and the requested NMES device is not indicated for this patient's condition. Therefore, the request is not medically necessary.

Nucynta extended release 200mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medications for chronic pain Criteria for use of Opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: The patient presents with pain in the cervical, thoracic, and lumbar spines. The request is for Nucynta extended release 200 mg Quantity 60. Physical examination on 04/06/15 revealed a negative FLIP test bilaterally. Per 07/15/15 progress report, patient's diagnosis includes cervical sprain/strain, thoracic spine sprain/strain, lumbar sprain/strain, and

lumbar vertebral HNP L4/5 - left side. Patient's medications, per 06/29/15 progress report include Celebrex, Nucynta, Flector Patch, and Tramadol. Patient is working regular duties. MTUS Guidelines Criteria for use of Opioids, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "Function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Pages 80, 81 of MTUS also states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." In progress report dated 07/15/15, treater states that the patient is working full time now because Celebrex and Nucynta have made it possible. Patient has been prescribed Nucynta since at least 11/17/14. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater does not discuss how Nucynta significantly improves patient's activities of daily living with specific examples of ADL's. There are no validated instrument is used to show functional improvement. There is no documentation or discussion regarding adverse effects, or aberrant drug behavior. No UDS CURES or opioid contract was provided for review. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. Therefore, the request is not medically necessary.