

Case Number:	CM15-0164703		
Date Assigned:	09/02/2015	Date of Injury:	02/23/2012
Decision Date:	10/23/2015	UR Denial Date:	08/14/2015
Priority:	Standard	Application Received:	08/21/2015

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, District of Columbia, Maryland

Certification(s)/Specialty: Anesthesiology, Pain Management

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 49-year-old female with an industrial injury dated 02-23-2012. A review of the medical records indicates that the injured worker is undergoing treatment for chronic pain, cervical failed back surgery syndrome, cervical radiculitis, status post cervical spinal fusion C5-6, C6-7; right shoulder pain, right sided shoulder bursitis, anxiety, depression, right carpal tunnel syndrome, and rule out thoracic outlet syndrome. Treatment consisted of computed tomography of the cervical spine at 09-09-2013, Electromyography (EMG), Nerve conduction velocity (NCV) of bilateral upper limbs, prescribed medications, and periodic follow up visits. According to the pain medicine re-evaluation dated 06-15-2015, the injured worker reported thoracic back pain, upper extremity pain, bilateral shoulder pain and chest pain. Medical records (02-10-2015 to 06-15-2015) indicate that the injured worker rated pain a 6 out of 10 with medications and a 9 out of 10 without medications. The injured worker reported pain unchanged since previous visits. The injured worker also reported that the pain improves with rest and has recently worsened. The injured worker reported ongoing limitation for activities of daily living, rated on a scale of 4 out of 10. Objective findings (06-15-2015) revealed spinal vertebral tenderness in the cervical spine C5-7 and limited cervical range of motion due to pain. Upper extremity revealed tenderness to palpitation and full range of motion. Treatment plan consisted of medication management. Medical records indicate that the injured worker has been on Nucynta and Tramadol since at least 02-10-2015. The treating physician prescribed Nucynta 50 MG #90 and Tramadol 50 MG #30, now under review. Utilization Review determination on 08-14-2015, partially approved the request for the Nucynta 50 MG #80 (original #90) and Tramadol 50 MG#20 (original #30) for purposes of opioid taper for discontinuation over the course of the next 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 MG #90: 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." The MTUS is silent on the use of Nucynta specifically. With regard to tapentadol (Nucynta), the ODG states: "Recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations." Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of Nucynta nor sufficient documentation addressing the "4 A's" domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 6/15/15 it was noted that the injured worker rated pain without medications 9/10 and 6/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. The MTUS recommends discontinuing opioids if there is no overall improvement in function. Furthermore, the documentation submitted for review did not contain evidence of failure of first line opioids. Medical necessity is not medically necessary.

Tramadol 50 MG #30: 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): Opioids, criteria for use.

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding on-going management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors).The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Review of the available medical records reveals neither insufficient documentation to support the medical necessity of tramadol nor sufficient documentation addressing the "4 A's" domains, which is a recommended practice for the on-going management of opioids. Specifically, the notes do not appropriately review and document functional status improvement, appropriate medication use, or side effects. The MTUS considers this list of criteria for initiation and continuation of opioids in the context of efficacy required to substantiate medical necessity, and they do not appear to have been addressed by the treating physician in the documentation available for review. Per progress report dated 6/15/15 it was noted that the injured worker rated pain without medications 9/10 and 6/10 with medications. Efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. As MTUS recommends discontinuing opioids if there is no overall improvement in function, medical necessity is not necessary.