

Case Number:	CM15-0181714		
Date Assigned:	09/23/2015	Date of Injury:	02/19/1991
Decision Date:	11/03/2015	UR Denial Date:	08/27/2015
Priority:	Standard	Application Received:	09/15/2015

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 72 year old male, who sustained an industrial injury on 2-19-1991. A review of the medical records indicates that the injured worker is undergoing treatment for lumbar region post-laminectomy syndrome, severe left leg pain with spasms-cramping, epidural fibrosis of left roots secondary to multiple back surgeries, reactive depression-anxiety, multiple back surgeries with osteomyelitis, poor sleep hygiene due to pain, and general deconditioning. On 8-19-2015, the injured worker reported chronic severe low back pain, cramps, and unsteadiness of the left leg with cramping of the left leg. The Pain Management Treating Physician's report dated 8-19-2015, noted the injured worker was noting increased stiffness and low back pain. The injured worker's medications were noted to be working well, with sleep quality remaining poor. The Physician noted a new lumbar MRI showed severe lesion to left sided lesion at L3 and L5. The injured worker's average pain since the last visit was noted to be 6-8 out of 10, with 8-9 out of 10 functional level since previous visit, remaining the same as the 6-22-2015 visit. The injured worker was noted to complain of poor sleep quality due to pain. The physical examination was noted to show the injured worker presented sitting with ongoing baseline low back pain and left greater than right leg pain with neuropathic pain and cramping-spasm noted to be consistent with the L3 and L5 lesion on the MRI. Straight leg raise was noted to be positive on the left. The Physician noted the injured worker continued to have symptoms of epidural fibrosis-neuropathic pain as well, requiring a cane for ambulation. Prior treatments have included acupuncture, hot-cold packs, and tried-failed medications including Lyrica, Cymbalta, Fentora, Methadone, Requip, Mentanx, Gralise, Rozerem, Robaxin, Mirapex, Norco, Lorzone,

and Mirapex. The treatment plan was noted to include continued medications of Lidoderm patches, Xanax, Percocet, and Nucynta, prescribed since at least 12-8-2014. The urine drug screen (UDS) dated 4-1-2015, was noted to be consistent. A request for authorization was submitted for a left TFE at L3 and L5 and Nucynta ER mg #60. The Utilization Review (UR) dated 8-27-2015, modified the request for Nucynta ER mg #60 to Nucynta ER mg #40, and certified the request for a left TFE at L3 and L5.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The current request is for Nucynta ER mg #60. The RFA is dated 08/20/15. Prior treatments have included lumbar surgery, injections, acupuncture, hot-cold packs, medications and physical therapy. The patient's work status is not addressed. MTUS, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, 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, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." Per report 08/19/15, the patient presents with lumbar region post-laminectomy syndrome and continues to complain of low back pain and pain and left greater than right leg pain. Examination revealed positive straight leg raise. The patient's medications include Lidoderm patches, Xanax, Percocet, and Nucynta. The patient has been utilizing Nucynta since at least 12/08/14. Progress reports state that the 4As are discussed and met/documented. Average pain, mood since last visit and functional level since last visit is documented via a numerical scale. The patient reports that "medications are working well." The patient's last UDS from 04/01/15 was consistent. In this case, there is no specific discussion regarding medication efficacy. Recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADLs or change in work status to document significant functional improvement with utilizing long-term opiate. Not all the 4As have been addressed as required by MTUS for opiate management. Therefore, the request is not medically necessary and the patient should be weaned per MTUS.

