

Case Number:	CM15-0185402		
Date Assigned:	09/25/2015	Date of Injury:	07/29/1998
Decision Date:	11/06/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/21/2015

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

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 female who sustained an industrial injury on 7-29-98. The injured worker reported pain in the back with radiation to the right lower extremity. A review of the medical records indicates that the injured worker is undergoing treatments for lumbar radiculitis. Medical records dated 9-14-15 indicate pain rated at 4 out of 10 at best. Provider documentation dated 9-14-15 noted the work status as "the patient has been able to work." Treatment has included Tramadol since at least February of 2015, Ambien since at least February of 2015, and Neurontin since at least February of 2015, a cane for ambulation, ankle brace, lumbar magnetic resonance imaging (4-15-15), and history of lumbar laminectomy at L5-L6. Objective findings dated 9-14-15 were notable for lumbar trunk with spasm, right lower extremity with foot drop, sensory loss to light touch and pinprick in right lateral calf, and absent Achilles reflex. Provider documentation dated 9-14-15 noted that the urine drug testing "have been appropriate." The original utilization review (8-21-15) denied a request for Nucynta 100 milligrams.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 100mg. The RFA is dated 08/20/15. Treatment has included medications, a cane for ambulation, ankle brace, physical therapy, and lumbar laminectomy at L5-L6. The patient remains on social security disability. 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 08/17/15, the patient presents with chronic lower back pain, with acute flare-up of shooting pain down the right leg with a burning sensation. The patient reports not being able to function without pain medication. She reports 50% reduction in pain and functional improvement with ADL's versus not taking them. Current pain is 8/10, best is 4/10 with medications, and 10/10 without them. The treater states that UDS have been appropriate, and a narcotic contract is on file with the office. Current medications include Nucynta, Tramadol, Ambien, Neurontin, and Aciphex. This is a request for refill of Nucynta IR 100mg tabs #60, which the patient has been utilizing since 03/24/15. MTUS guidelines requires analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, discussion regarding aberrant behavior and adverse side-effects. In this case, the provider does include documentation of analgesia, and discussion regarding UDS and pain contract. However, simply stating "functional improvement with ADL's" is vague, and does not constitute activity-specific improvements attributed to long term opiate use. Without more specific functional improvements, the continuation of Nucynta cannot be supported. Given the lack of documentation of all the 4A's, the request is not medically necessary and recommendation is for weaning per MTUS.