

Case Number:	CM15-0186126		
Date Assigned:	09/28/2015	Date of Injury:	08/21/2007
Decision Date:	11/09/2015	UR Denial Date:	09/02/2015
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:

This is a 58 year old male whose date of injury was 8-21-07. Medical documentation indicated the injured worker was treated for post-lumbar laminectomy syndrome, hip pain and pain in the joint of the lower leg. Documentation on 7-17-15 indicated the injured worker felt Nucynta was helping to reduce his pain but he had an increase in left hip pain. He had intra-articular steroid injection the previous year and felt it helped to reduce his pain. Documentation on 8-28-15 revealed the injured worker had low backache. His pain level was 7 on a 10-point scale with medications (7 on 7-17-15) and 8 on a 10-point scale without medications (8 on 7-17-15). The medication regimen included Amitriptyline Hcl 10 mg, Cymbalta 30 mg (since at least 4-1-15), Fioricet Butalbital APAP, Nucynta 75 mg (since at least 4-1-15), and Voltaren 1% gel. Failed medications were documented as Ultram, Zanaflex and Baclofen. Objective findings included loss of lumbar spine lordosis. Lumbar spine range of motion was flexion to 50 degrees, extension to 10 degrees and limited by pain. He had bilateral tenderness to palpation, hypertonicity and tight muscle band over the lumbar paraspinal muscles. He had tenderness to palpation over L4-L5 spinous processes and the sacroiliac spine. Straight leg raise was negative. He had tenderness to palpation over the right sacroiliac joint and trochanter and FABER test was positive. He had limited left hip range of motion with flexion to 120 degrees, extension to 15 degrees, internal rotation to 20 degrees and external rotation to 25 degrees. He had tenderness to palpation over the groin sacroiliac joint and trochanter and FABER test was positive. A urine drug screen on 5-8-15 was consistent for his medication regimen. A request for authorization for Nucynta 75 mg #90 with one refill and Cymbalta 30 mg #60 with one refill was received on 8-28-15. On 9-2-15, the Utilization Review physician modified Nucynta 75 mg #90 with one refill and Cymbalta 30 mg #60 with one refill to Cymbalta 30 mg #60 with no refills and Nucynta 75 mg #60 with no refills based on CA MTUS Chronic Pain Medical Treatment Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg #90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines, Treatment index, 13th Edition, Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Medications for chronic pain, Opioids for chronic pain.

Decision rationale: Based on the 8/28/15 progress report provided by the treating physician, this patient presents with worsening low back pain, rated 7/10 on VAS scale with medications and 8/10 without medications. The treater has asked for Nucynta 75mg #90 with 1 refill on 8/28/15. The patient's diagnoses per request for authorization dated 8/28/15 are post lumbar laminectomy syndrome, radiculopathy, low back pain, hip pain, pain in joint lower leg, mood disorder other dis, cervical radiculitis. The patient does not have any other changes in location of pain and denies other symptoms besides pain per 8/28/15 report. The patient is s/p a decrease in activity level per 8/28/15 report. The patient is currently using Amitriptyline, Cymbalta, Fioricet, Nucynta, and Voltaren Gel per 8/28/15 report. The patient states that Nucynta is helping to reduce pain, but patient is not noticing increased left hip pain per 7/17/15 report. The patient is currently not working per 5/8/15 report. 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." MTUS, Opioids for Chronic Pain Section, pages 80 and 81 states that "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." The treater does not discuss this request in the reports provided. Patient has been taking Nucynta since 4/12/15 and in reports dated 5/8/15 and 7/17/15. The patient is currently taking Nucynta and states that it is helping to reduce pain per requesting 8/28/15 report. MTUS requires appropriate discussion of all the 4A's; however, in addressing the 4A's, the treater does not discuss how this medication significantly improves patient's activities of daily living. No validated instrument is used to show analgesia. A CURES report on 3/14/14 was consistent, but the most recent urine drug screen on 1/31/14 was inconsistent, because patient had taken one of his wife's Norco after he was not authorized for Ultram. Given the lack of documentation as required by MTUS, the request does not meet the specifications given by the guidelines. Furthermore, MTUS pg. 80 states that there is no evidence that radiculopathy should be treated with opiates, and also that the efficacy of opiate use for chronic low back pain beyond 16 weeks is not clear and appears to be limited. Therefore, the request is not medically necessary.

Cymbalta 30mg #60 with 1 refill: 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): Duloxetine (Cymbalta), Medications for chronic pain.

Decision rationale: Based on the 8/28/15 progress report provided by the treating physician, this patient presents with worsening low back pain, rated 7/10 on VAS scale with medications and 8/10 without medications. The treater has asked for Cymbalta 30mg #60 with 1 refill on 8/28/15. The patient's diagnoses per request for authorization dated 8/28/15 are post lumbar laminectomy syndrome, radiculopathy, low back pain, hip pain, pain in joint lower leg, mood disorder other dis, cervical radiculitis. The patient does not have any other changes in location of pain and denies other symptoms besides pain per 8/28/15 report. The patient is s/p a decrease in activity level per 8/28/15 report. The patient is currently using Amitriptyline, Cymbalta, Fioricet, Nucynta, and Voltaren Gel per 8/28/15 report. The patient states that Nucynta is helping to reduce pain, but patient is not noticing increased left hip pain per 7/17/15 report. The patient is currently not working per 5/8/15 report. MTUS, Duloxetine: Specific anti-depressants Section, pages 15-16 states: "Duloxetine (Cymbalta) is FDA - approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks." MTUS, Medications for Chronic Pain, pg. 60, 61 states: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference. Only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. Analgesic medications should show effects within 1 to 3 days, and the analgesic effect of anti-depressants should occur within 1 week. A record of pain and function with the medication should be recorded. (Mens, 2005) The treater does not discuss this request in the reports provided. The patient has been prescribed Cymbalta since at least 3/13/15 and in reports dated 4/10/15, 6/26/15, and 7/17/15. The patient is currently using Cymbalta as of requesting 8/28/15 report. The patient has a history of chronic bilateral radiculopathy for which Cymbalta is indicated. In this case, recommendation for further use cannot be supported as the treater has provided no discussion regarding medication efficacy. Given this patient has been using this medication chronically, with no documentation of specific efficacy and functional benefit, the request is not medically necessary.