

Case Number:	CM15-0187251		
Date Assigned:	09/29/2015	Date of Injury:	03/05/1998
Decision Date:	11/06/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	09/23/2015

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: Preventive Medicine, Occupational Medicine

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 45 year old male sustained an industrial injury on 3-5-98. Documentation indicated that the injured worker was receiving treatment for lumbar spondylosis, lumbar disc displacement, lumbar post laminectomy syndrome and insomnia. Recent treatment consisted of medication management. In an appeal of denial dated 9-27-15, the physician documented that the injured worker's electronic records went back to 2010. On 2-3-10, the injured worker complained of low back pain, rated 4 to 5 out of 10 on the visual analog scale. The injured worker was on a medication regiment that included Kadian and Nucynta. In PR-2's dated 3-23-15, 4-20-15, 6-15-15, 7-13-15 and 8-10-15, the injured worker complained of pain to the lumbar spine rated 6 out of 10 with medications. In a PR-2 dated 9-8-15, the injured worker complained of lumbar pain with radiation to the left lower extremity, rated 6 out of 10 on the visual analog scale with medications, associated with numbness and tingling. The injured worker also complained of ongoing inability to fall asleep and stay asleep. Physical exam was remarkable for lumbar spine with paraspinal musculature tenderness to palpation and spasms, "full" range of motion, negative straight leg raise, decreased sensation to light touch and pinprick in the right L4 and L5 distribution and 4 out of 5 strength to bilateral upper and lower extremities. The physician stated that Kadian ER worked best for the injured worker and allowed relief over other medications that have been tried. The treatment plan included continuing Kadian ER and Nucynta and discontinuing Omeprazole. On 9-18-15, Utilization Review noncertified a request for Kadian ER 80mg #90 and Nucynta 100mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Kadian extended release 80mg quantity 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been taking Kadian for an extended period without objective documentation of specific functional improvement contributed to this medication. Additionally, there is no evidence of a risk assessment, urine drug screen, or updated opioid contract. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Kadian extended release 80mg quantity 90 is determined to not be medically necessary.

Nucynta 100mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Tapentadol (Nucynta) Section.

Decision rationale: MTUS guidelines do not address the use of Nucynta. Per the ODG, Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three 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. In this case, the injured worker has been taking Nucynta for an extended period without objective documentation of specific functional improvement contributed to this medication. Additionally, there is no evidence of a risk assessment, urine drug screen, or updated opioid contract. Furthermore, there is no indication that the injured worker has intolerable adverse effects with first-line opioids, therefore, the request for Nucynta 100mg quantity 120 is determined to not be medically necessary.