

Case Number:	CM15-0188083		
Date Assigned:	09/30/2015	Date of Injury:	02/15/2011
Decision Date:	11/13/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/24/2015

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 58 year old female, who sustained an industrial injury on 2-15-2011. The injured worker is undergoing treatment for neck pain. Several pages of the medical records have handwritten information which is difficult to decipher. On 5-1-15, she indicated her pain levels were getting better and rated the pain 8 out of 10 down to 6 out of 10 with medications. On 7-21-15, she reported Nucynta and Norco to reduce her pain from 9 out of 10 to 7 out of 10. She reported pain to the neck, arms, legs, bottoms of feet making it hard to walk. On 9-4-15, she reported only being able to perform activities such as dressing and walking with the use of medications. On 9-9-15, she reported "trying to survive" and not having medications since her last visit. The provider noted "interestingly patient stayed on Cymbalta when we added Savella and got a little better". She rated her pain 6 out of 10. She reported 'moderate to severe' neck pain. Physical examination is noted as muscle tightness. The medical records do not discuss the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. The treatment and diagnostic testing to date has included: urine drug screen (6-2-15), and medications. Medications have included: Nucynta, Lyrica, Norco, Topiramate, Hydroxyzine, Phentermine, Savella, Lactulose, and Cymbalta. The records indicate she has been utilizing Topiramate and Nucynta since at least May 2015, possibly longer. Current work status: as on social security disability. The request for authorization is for: Nucynta ER 250mg quantity 60, Nucynta 250mg (not valid before 10-3-15) quantity 28, and Topiramate 50mg (not valid before 10-3-15) quantity 28. The UR dated 9-15-2015: certified Topiramate 50mg quantity 60; and non-certified Nucynta

ER 250mg quantity 60, Nucynta 250mg (not valid before 10-3-15) quantity 28, and Topiramate 50mg (not valid before 10-3-15) quantity 28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 250mg #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.

Decision rationale: Based on the 07/21/15 progress report provided by treating physician, the patient presents with pain to neck, arms, legs, and bottoms of feet rated 7/10 with and 9/10 without medications. The request is for NUCYNTA ER 250MG #60. Patient's diagnosis per Request for Authorization form dated 05/01/15, 07/22/15 and 09/04/15 includes myalgia myositis, mononeuritis multicomplex, and pain in unspecified limb. Diagnosis on 07/21/15 included 4 limb CRPS. Patient's medications include Nucynta, Lyrica, Norco, Topiramate, Hydroxyzine, Phentermine, Savella, Lactulose, and Cymbalta. Patient's work status not provided. Progress reports were handwritten and difficult to interpret. 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." Nucynta has been included in patient's medications, per progress reports dated 05/01/15 and 09/09/15. It is not known when this medication was initiated. Per patient questionnaire dated 09/04/15 provided by treating physician, with medications the patient can bathe, dress, groom, walk, climb stairs, shop, cook, do housework, gardening, laundry, and drive. In this case, treater has addressed analgesia with numerical scales and provided specific ADL's in discussing the 4A's. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. Treater has addressed some, but not all of the 4A's to warrant continuation of this medication. Given the lack of documentation as required by MTUS guidelines, the request IS NOT medically necessary.

Nucynta ER 250mg (not valid before 10/03/15) #28: 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.

Decision rationale: Based on the 07/21/15 progress report provided by treating physician, the patient presents with pain to neck, arms, legs, and bottoms of feet rated 7/10 with and 9/10 without medications. The request is for NUCYNTA ER 250MG (NOT VALID BEFORE 10/03/15) #28. Patient's diagnosis per Request for Authorization form dated 05/01/15, 07/22/15 and 09/04/15 includes myalgia myositis, mononeuritis multicomplex, and pain in unspecified limb. Diagnosis on 07/21/15 included 4 limb CRPS. Patient's medications include Nucynta, Lyrica, Norco, Topiramate, Hydroxyzine, Phentermine, Savella, Lactulose, and Cymbalta. Patient's work status not provided. Progress reports were handwritten and difficult to interpret. 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." Nucynta has been included in patient's medications, per progress reports dated 05/01/15 and 09/09/15. It is not known when this medication was initiated. Per patient questionnaire dated 09/04/15 provided by treating physician, with medications the patient can bathe, dress, groom, walk, climb stairs, shop, cook, do housework, gardening, laundry, and drive. In this case, treater has addressed analgesia with numerical scales and provided specific ADL's in discussing the 4A's. However, there are no specific discussions regarding aberrant behavior, adverse reactions, etc. No UDS's, opioid pain agreement or CURES reports. No return to work, or change in work status, either. Treater has addressed some, but not all of the 4A's to warrant continuation of this medication. Given the lack of documentation as required by MTUS guidelines, the request IS NOT medically necessary.

Topiramate 50mg (not valid before 10/03/15) #28: Overturned

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): Antiepilepsy drugs (AEDs).

Decision rationale: Based on the 07/21/15 progress report provided by treating physician, the patient presents with pain to neck, arms, legs, and bottoms of feet rated 7/10 with and 9/10 without medications. The request is for TOPIRAMATE 50MG (NOT VALID BEFORE 10/03/15) #28. Patient's diagnosis per Request for Authorization form dated 05/01/15, 07/22/15 and 09/04/15 includes myalgia myositis, mononeuritis multicomplex, and pain in unspecified limb. Diagnosis on 07/21/15 included 4 limb CRPS. Patient's medications include Nucynta, Lyrica, Norco, Topiramate, Hydroxyzine, Phentermine, Savella, Lactulose, and Cymbalta. Patient's work status not provided. Progress reports were handwritten and difficult to interpret. MTUS Guidelines, Antiepilepsy Drugs section, page 21 under Topiramate has the following: "Topiramate has been shown to have variable efficacy, with failure to demonstrate efficacy in neuropathic pain of "central" etiology. It is still considered for use for neuropathic pain when other anticonvulsants have failed." MTUS Guidelines page 16 and 17 regarding antiepileptic drugs for chronic pain also states "that there is a lack of expert consensus on the treatment of neuropathic pain in general due to heterogeneous etiologies, symptoms, physical signs, and mechanisms. Most randomized controlled trials for the use of this class of medication for neuropathic pain had been directed at postherpetic neuralgia and painful polyneuropathy." Topiramate has been included in patient's medications, per progress reports dated 05/01/15 and 09/09/15. It is not known when this medication was initiated. Per patient questionnaire dated 09/04/15 provided by treating physician, with medications the patient can bathe, dress, groom, walk, climb stairs, shop, cook, do housework, gardening, laundry, and drive. In this case, the patient continues with pain, and medication efficacy has been documented. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.