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| Case Number: | CM15-0192083 | | |
| Date Assigned: | 10/06/2015 | Date of Injury: | 07/24/2000 |
| Decision Date: | 11/13/2015 | UR Denial Date: | 09/16/2015 |
| Priority: | Standard | Application Received: | 09/30/2015 |

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 53 year old male who sustained an industrial injury 07-24-00. A review of the medical records reveals the injured worker is undergoing treatment for status post multiple spine surgeries and spinal cord stimulator implant, lumbar degenerative discogenic disease, lumbar spinal stenosis, breakdown above the level of previous fusion lumbar spine, chronic intractable low back pain, severe spinal stenosis L3-4, status post revision fusion at L3-4, right shoulder rotator cuff tear, post-traumatic stress disorder, and mood disorder. Medical records (08-04-15) reveal the injured worker complains of chronic low back pain. He complains of having "more weakness in the right leg" and rates his pain as 10/10 without medications and 7/10 with medications. There is no documentation regarding medication compliance. The physical exam (08-04-15) reveals L3-S1 distribution radicular pain, decreased and painful range of motion as well as 3/5 motor weakness on the right. Also noted is decreased and painful range of motion of the right shoulder with tenderness to palpation at the acromioclavicular joint. Prior treatment includes medications, multiple spine surgeries, spinal cord stimulator implant, and acupuncture. The original utilization review (09-16-15) noncertified the request for a Toradol 60 mg injection on 08-04-15, and modified the requests for Nucynta 100mg #180 and Norco 10/325 #240. The documentation supports that the injured worker has been on Nucynta and Norco since at least 06-16-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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, #180. The RFA is dated 09/09/15. Prior treatment includes medications, physical therapy, TENS unit, shoulder injection, Toradol injections, 7 spine surgeries (most recent being a hardware removal in 2008), spinal cord stimulator implant, and acupuncture. The patient is not working. 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 08/04/15, the patient presents with chronic low back pain. He complains of having more weakness in the right leg, and rates his pain as 10/10 without medications and 7/10 with medications. Physical examination revealed L3-S1 distribution radicular pain, decreased and painful range of motion as well as 3/5 motor weakness on the right. Per QME report dated 03/6/15, "the examinee is on high dose of narcotic medications including Nucynta 100mg 6 tablets per day, and Norco 10mg 8 tablets per day. Attempts should be made to try to wean the examinee down." There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 Norco 10/325MG, #240. The RFA is dated 09/09/15. Prior treatment includes medications, physical therapy, TENS unit, shoulder injection, Toradol injections, 7 spine surgeries (most recent being a hardware removal in 2008), spinal cord stimulator implant, and acupuncture. The patient is not working. 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 08/04/15, the patient presents with chronic low back pain. He complains of having more weakness in the right leg, and rates his pain as 10/10 without medications and 7/10 with medications. Physical examination revealed L3-S1 distribution radicular pain, decreased and painful range of motion as well as 3/5 motor weakness on the right. Per QME report dated 03/6/15, "the examinee is on high dose of narcotic medications including Nucynta 100mg 6 tablets per day, and Norco 10mg 8 tablets per day. Attempts should be made to try to wean the examinee down." There is no specific discussion regarding medication efficacy. In this case, recommendation for further use cannot be supported as the treating physician has not provided any specific functional improvement, changes in ADL's or change in work status to document significant functional improvement with utilizing long term opiate. Furthermore, there are no discussions regarding aberrant behaviors or adverse side effects as required by MTUS for opiate management. This request is not medically necessary and recommendation is for slow weaning per MTUS.

Toradol 60mg injection (DOS: 08/04/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, etorolac (Toradol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects. Decision based on Non-MTUS Citation Academic Emergency Medicine, Vol 5, pages 118-122.

Decision rationale: The current request is for Toradol 60MG injection (DOS: 08/04/2015). The RFA is dated 09/09/15. Prior treatment includes medications, physical therapy, TENS unit, shoulder injection, Toradol injections, 7 spine surgeries (most recent being a hardware removal

in 2008), spinal cord stimulator implant, and acupuncture. The patient is not working. MTUS Guidelines, NSAIDs, specific drug list & adverse effects Section, page 72, regarding Toradol states: "Ketorolac (Toradol, generic available): 10 mg. [Boxed Warning]: This medication is not indicated for minor or chronic painful conditions." Academic Emergency Medicine, Vol 5, pages 118-122, "Intramuscular Ketorolac vs oral ibuprofen in emergency department patients with acute pain" study demonstrated that there is no difference between the two and both provided comparable levels of analgesia in emergency patients presenting with moderate to severe pain. Per report 08/04/15, the patient presents with chronic low back pain. He complains of having more weakness in the right leg, and rates his pain as 10/10 without medications and 7/10 with medications. Physical examination revealed L3-S1 distribution radicular pain, decreased and painful range of motion as well as 3/5 motor weakness on the right. The treater recommended a Toradol injection for the patient's pain. While this patient presents with significant pain complaints, this medication is not recommended for chronic pain conditions. In the absence of evidence of acute flare-ups or re-injury for which the use of IM Toradol is considered an option, the requested injection is not supported by guidelines and cannot be substantiated. The request is not medically necessary.