MAXIMUS Federal Services

Case Number:	CM15-0192853		
Date Assigned:	10/06/2015	Date of Injury:	06/01/2012
Decision Date:	11/30/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	10/01/2015

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: Texas, New York, 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:

The applicant is a represented 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 1, 2012. In a Utilization Review report dated September 9, 2015, the claims administrator failed to approve requests for Nucynta, Nucynta extended release, and Robaxin. An August 24, 2015 date of service was referenced in the determination. On said August 24, 2015 office visit, the applicant reported ongoing complaints of low back pain, exacerbated by activities of daily living as basic as lifting, lying, rolling in bed, sitting, standing, twisting, and walking. The applicant was using a cane to move about, it was reported. 7/10 pain with medications versus 9/10 pain without medications was reported. The applicant was placed off of work, on total temporary disability, while Robaxin, Nucynta, and Nucynta extended release were renewed. Motrin was seemingly continued. The attending provider acknowledged that the applicant had recently been seen in the emergency department, where he was given a prescription for Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic): Tapentadol (Nucynta).

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

Decision rationale: No, the request for Nucynta extended-release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the August 24, 2015 office visit in question, the treating provider acknowledged. While the treating provider recounted a low-grade reduction in pain scores from 9/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Nucynta extended release usage. the attending provider's commentary to the effect that the applicant was using a cane to move about and that the applicant was having difficulty having performing activities of daily living as basic as lifting, sitting, standing, twisting, and walking, coupled with the applicant's failure to return to work, outweighed any subjective reports of analgesia achieved as a result of ongoing Nucynta extended release usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that applicants should obtain opiate prescriptions from a single practitioner. Here, however, the applicant was described on August 24, 2015 as having recently presented to the emergency department to obtain a prescription for Percocet from another provider. Continued usage of Nucynta extended-release was not, thus, indicated here, given the foregoing. Therefore, the request was not medically necessary.

Nucynta 50mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic): Tapentadol (Nucynta).

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

Decision rationale: Similarly, the request for Nucynta, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, on the August 24, 2015 office visit at issue. While the attending provider did recount a reported reduction in pain scores from 9/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline, meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing usage of the same. The attending provider's commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as lifting, sitting, standing, twisting, and walking, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with Nucynta. Therefore, the request was not medically necessary.

Methocarbamol 750mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Finally, the request for Methocarbamol (Robaxin), a muscle relaxant, was likewise not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended with caution as a second-line option to treat acute exacerbations of chronic low back pain, here, however, the 180-tablet supply of Methocarbamol at issue implied chronic, long-term, and/or multiple times daily usage, i.e., usage in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.