

Case Number:	CM15-0196088		
Date Assigned:	10/09/2015	Date of Injury:	08/06/2001
Decision Date:	11/18/2015	UR Denial Date:	10/05/2015
Priority:	Standard	Application Received:	10/06/2015

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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 56-year-old female who sustained an industrial injury on 8-6-2001. Diagnoses have included chronic lumbosacral spinal pain, multiple level disc pathology, lumbar disc herniation, facet syndrome, sacroiliitis, and facet hypertrophy L2-S1. Documented treatment includes L3 disc decompression in 2003, self-funded aquatic therapy, transforaminal epidural steroid injections, acupuncture with improvement, and medication. On 9-23-2015 the injured worker presented with report of low back pain and stiffness, rated at 7 out of 10, and made worse with low back and hip extension and flexion. Pain was described as aching and dull, and radiating around the left hip and down the leg with weakness. Muscle spasm was noted to be present in the cervical spinal area and left shoulder. The physician stated that the injured worker has nociceptive, neuropathic and inflammatory pain and receives "substantial" benefit from her medications noted as approximately 60 percent improvement. The injured worker has been treated with Norco for greater than two years, and Nucynta for migraine headaches since 2010. It is also noted that the injured worker shows no signs of illicit drug use, aberrant behavior, or complications. The most recent urine drug screen was 8-24-2015. The treating physician's plan of care includes Nucynta 10 mg #60 which was modified to #40; Norco 1-325 mg #240 modified to #162; and, a urine drug screen which was denied. Determination was made on 10-5-2015. Work status is stated as permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 10mg QTY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment in Workers Compensation 2012, on the web (www.odgtreatment.com) Work Loss Data Institute (www.worklossdata.com) (updated 2/14/2012).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: CA MTUS/ACOEM is silent on Nucynta. According to ODG Pain chapter, Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. In this case the exam note from 9/23/15 does not demonstrate that the patient has developed adverse effects with first line opioid medication. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.

Norco 10/325mg QTY 240: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, long-term assessment.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids, a therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; 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. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. In this case there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement or increase in activity from the exam note of 9/23/15. Therefore the criteria set forth in the guidelines have not been met and the request is not medically necessary.

Urine Drug Screen QTY 1: 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): Drug testing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS, Chronic Pain Medical Treatment Guidelines, page 43, drug testing is recommended as an option, using a urine drug screen to assess for the use or the presence of illegal drugs. Use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain control. Recommend screening for the risk of addiction prior to initiating opioid therapy. It is important to attempt to identify individuals who have the potential to develop aberrant drug use both prior to the prescribing of opioids and while actively undergoing this treatment. Most screening occurs after the claimant is already on opioids on a chronic basis, and consists of screens for aberrant behavior/misuse. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. Ongoing monitoring: (1) If a patient has evidence of a high risk of addiction (including evidence of a comorbid psychiatric disorder (such as depression, anxiety, attention-deficit disorder, obsessive-compulsive disorder, bipolar disorder, and/or schizophrenia), has a history of aberrant behavior, personal or family history of substance dependence (addiction), or a personal history of sexual or physical trauma, ongoing urine drug testing is indicated as an adjunct to monitoring along with clinical exams and pill counts. (2) If dose increases are not decreasing pain and increasing function, consideration of UDT should be made to aid in evaluating medication compliance and adherence. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. There is no reason to perform confirmatory testing unless the test is inappropriate or there are unexpected results. If required, confirmatory testing should be for the questioned drugs only. In this case, the documentation supports that the worker has no risk factors for opioid abuse and would therefore be considered low risk. He had a previous UDT on 8/24/15, although the results are not documented. According to the guideline, in a low risk individual UDT would only be indicated on an annual basis. As the request would exceed the recommended frequency of testing, the request is not medically necessary.