

Case Number:	CM15-0200340		
Date Assigned:	10/15/2015	Date of Injury:	03/28/2002
Decision Date:	12/01/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/13/2015

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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 injured worker is a 44 year old female, who sustained an industrial-work injury on 3-28-02. A review of the medical records indicates that the injured worker is undergoing treatment for Reflex sympathetic dystrophy syndrome of upper and lower limb, chronic pain syndrome and depressive disorder. Treatment to date has included pain medication, OxyContin, (Nucynta and Ibuprofen both since at least 5-7-15) Medications that were of benefit were Neurontin, Zanaflex, Skelaxin, Nucynta, OxyContin and Oxycodone. Failed medications included Cymbalta, Lyrica, Topamax, Savella, Dilaudid and Ultram. Medical records dated 9-14-15 indicate that the injured worker complains of neck pain with radiculopathy to the bilateral upper extremities, pain in the mid and lower back and legs. The pain is constant, burning, electrical, sharp, numbness and tingling sensation. She reports insomnia, headaches, numbness, depression, muscle spasms, low back pain, mid back pain and weakness. The pain has increased since the last visit. The average pain has increased from 5 to 9 on pain scale of 1-10, average enjoyment of life over the past week increased from 7 to 10 on pain scale, and average general activity level over past week increased from 5 to 10 on pain scale. The medical records also indicate worsening in the activities of daily living (ADL). Per the treating physician report dated 9-14-15 the injured worker is to resume normal activities. The physical exam dated 9-14-15 reveals the neck has limited range of motion, with tenderness noted. The thoracic spine was hypersensitive to palpation, limited range of motion, and stiffness and tenderness were noted. The lumbar spine reveals tenderness, stiffness, and decreased range of motion with pain. The straight leg raise is

positive bilaterally. The bilateral upper extremity reflexes and strength is decreased, the sensation is hypersensitive bilaterally, and the bilateral upper and lower extremities reveal weakness swelling, visible color changes, decreased range of motion, no mobility in the right hand, and severe hypersensitivity. The treating physician indicates that the urine drug test result dated 7-21-15 was consistent with the medication prescribed. The requested services included Ibuprofen 600mg #90 and Nucynta 75mg #120. The original Utilization review dated 9-29-15 non-certified the request for Ibuprofen 600mg #90 and modified the request for Nucynta 75mg #120 modified to Nucynta 75mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ibuprofen 600mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs, specific drug list & adverse effects.

Decision rationale: MTUS recommends the use of NSAIDS for the acute exacerbation of back pain at the lowest effective dose for the shortest amount of time due to the increased cardiovascular risk, renal, hepatic and GI side effects associated with long term use. MTUS states Ibuprofen (Motrin, Advil [otc], generic available): 300, 400, 600, 800 mg. Dosing: Osteoarthritis and off-label for ankylosing spondylitis: 1200 mg to 3200 mg daily. Individual patients may show no better response to 3200 mg as 2400 mg, and sufficient clinical improvement should be observed to offset potential risk of treatment with the increased dose. Higher doses are generally recommended for rheumatoid arthritis: 400-800 mg PO 3-4 times a day, use the lowest effective dose. Higher doses are usually necessary for osteoarthritis. Doses should not exceed 3200 mg/day. Mild pain to moderate pain: 400 mg PO every 4-6 hours as needed. Doses greater than 400 mg have not provided greater relief of pain. The patient reported on going GI symptoms with concurrent use of Ranitidine while taking Ibuprofen. The treating physician did not document a decrease in pain or functional improvement from the use of Ibuprofen. As such the request for Ibuprofen 600mg #90 is not medically necessary.

Nucynta 75mg #120: 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), Chapter: Pain (Chronic), Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Opioids.

Decision rationale: ODG does not recommend the use of opioids for back pain except for short use for severe cases, not to exceed 2 weeks. The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that 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. MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be far in excess of MTUS recommended guidelines. As such, the request for Nucynta 75mg #120 is not medically necessary.