

Case Number:	CM15-0204470		
Date Assigned:	10/21/2015	Date of Injury:	06/23/2006
Decision Date:	12/08/2015	UR Denial Date:	09/25/2015
Priority:	Standard	Application Received:	10/19/2015

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 44-year-old female who sustained an industrial injury on 6-23-06. The injured worker reported back discomfort. A review of the medical records indicates that the injured worker is undergoing treatments for lumbosacral neuritis and displacement of lumbar intervertebral disc without myelopathy. Medical records dated 9-18-15 indicate pain with medication is rated at 4 out of 10. Provider documentation dated 9-18-15 noted "With medications, she can do her ADLs. Without the medication, she is unable to do all of her activities." Treatment has included injection therapy, Percocet since at least May of 2015, Gabapentin since at least February of 2015, Cymbalta since at least February of 2015, Baclofen since at least February of 2015 and Nucynta since at least February of 2015. Objective findings dated 9-18-15 were notable for diminished sensation to L5 and S1 to light touch, with "pain down left arm radiation to hand with tingling numbness". The original utilization review (9-25-15) denied a request for Percocet 10-325mg #240, Nucynta ER 250mg #60 and Zanaflex 4mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with neck and back pain. The request is for PERCOCET 10/325MG #240. Patient's diagnosis per Request for Authorization form dated 04/24/15 and 09/21/15 includes lumbar intervertebral disc displacement and lumbar neuritis. Physical examination to the lumbar spine on 09/18/15 revealed diminished sensation to light touch in the L5 and S1 dermatomes. Treatment to date has included Lumbar ESI's, physical therapy and medications. Patient's medications include Percocet, Nucynta, Zanaflex, Cymbalta and Gabapentin. Patient's work status not provided. 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Percocet has been included in patient's medications per RFA dated 04/24/15 and progress reports dated 06/08/15 and 09/18/15. It is not known when this medication was initiated. Per 09/18/15 report, treater states, "the medication regimen that we established was largely yielding 30-40 percent relief, generally bringing the patient from 9-10/10 levels to an acceptable 4-6/10 on average. With medications, she can do her ADL's. Without the medication, she is unable to do all of her activities..." Per 07/10/15 report, with the medications, the patient can walk, cook, shop, do housework and drive. Controlled substance agreement signed, UDS done on 04/24/15 and no adverse effects were noted, per 07/10/15 report. In this case, the requesting physician has satisfied 4As documentation requirements. However, more importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic complaints, without

evidence of an existing condition, which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate. Therefore, the request IS NOT medically necessary.

Nucynta ER 250mg #60: 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): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: Based on the 08/17/15 progress report provided by treating physician, the patient presents with neck and back pain. The request is for PERCOCET 10/325MG #240. The request is for NUCYNTA ER 250MG #60. Patient's diagnosis per Request for Authorization form dated 04/24/15 and 09/21/15 includes lumbar intervertebral disc displacement and lumbar neuritis. Physical examination to the lumbar spine on 09/18/15 revealed diminished sensation to light touch in the L5 and S1 dermatomes. Treatment to date has included Lumbar ESI's, physical therapy and medications. Patient's medications include Percocet, Nucynta, Zanaflex, Cymbalta and Gabapentin. Patient's work status not provided. 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." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." Nucynta has been included in patient's medications per RFA dated 04/24/15 and progress reports dated 06/08/15 and 09/18/15. It is not known when this medication was initiated. Per 09/18/15 report, treater states, "the medication regimen that we established was largely yielding 30-40 percent relief, generally bringing the patient from 9-10/10 levels to an acceptable 4-6/10 on average. With medications, she can do her ADL's. Without the medication, she is unable to do all of her activities..." Per 07/10/15 report, with the medications, the patient can walk, cook, shop, do housework and drive. Controlled substance agreement signed, UDS done on 04/24/15 and no adverse effects were noted, per 07/10/15 report. In this case, the requesting physician has satisfied 4As documentation requirements. However, more importantly, MTUS pg 80, 81 also states the following regarding narcotics for chronic pain: "Appears to be efficacious but limited for short-

term pain relief and long-term efficacy is unclear (>16 weeks), but also appears limited." Long-term use of opiates may in some cases be indicated for nociceptive pain per MTUS, which states, "Recommended as the standard of care for treatment of moderate or severe nociceptive pain (defined as pain that is presumed to be maintained by continual injury with the most common example being pain secondary to cancer)." This patient has been prescribed narcotic medications long term, and is not presumed to be suffering from nociceptive pain. While this patient presents with significant chronic complaints, without evidence of an existing condition, which could cause nociceptive pain (such as cancer), continuation of this medication is not appropriate. Therefore, the request IS NOT medically necessary.

Zanaflex 4mg #90: Overturned

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: Based on the 08/17/15 progress report provided by treating physician, the patient presents with neck and back pain. The request is for PERCOCET 10/325MG #240. The request is for ZANAFLEX 4MG #90. Patient's diagnosis per Request for Authorization form dated 04/24/15 and 09/21/15 includes lumbar intervertebral disc displacement and lumbar neuritis. Physical examination to the lumbar spine on 09/18/15 revealed diminished sensation to light touch in the L5 and S1 dermatomes. Treatment to date has included Lumbar ESI's, physical therapy and medications. Patient's medications include Percocet, Nucynta, Zanaflex, Cymbalta and Gabapentin. Patient's work status not provided. MTUS Chronic Pain Medical Treatment Guidelines for Muscle Relaxants for pain, pg 66: "ANTISPASTICITY/ ANTISPASMODIC DRUGS: Tizanidine (Zanaflex, generic available) is a centrally acting alpha2-adrenergic agonist that is FDA approved for management of spasticity; unlabeled use for low back pain. One study (conducted only in females) demonstrated a significant decrease in pain associated with chronic myofascial pain syndrome and the authors recommended its use as a first line option to treat myofascial pain." Zanaflex has been included in patient's medications per progress report dated 09/18/15. It appears this medication is being initiated and Baclofen is being discontinued. Tizanidine is allowed for myofascial pain, low back pain and fibromyalgia conditions per MTUS. Since this medication is being initiated, treater has not had the opportunity to document medication efficacy. This request appears reasonable and in accordance with guidelines. Therefore, the request IS medically necessary.