

Case Number:	CM15-0207768		
Date Assigned:	10/26/2015	Date of Injury:	06/20/2013
Decision Date:	12/07/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	10/22/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 injury on 06-20-2013. According to a progress report dated 09-23-2015, the injured worker reported low back pain and right sciatica. Intensity of pain was described as "moderate". Current medications included Alprazolam, Ibuprofen, Melatonin and Ventolin. Diagnoses included low back pain and lumbago. The provider noted that Nucynta #60 had been approved, but that a prescription for Nucynta 50 mg #30 one-half tablet twice a day was provided. Total pain related impairment score was noted as moderately severe impairment. The injured worker was noted to be in a high risk category on the basis of the continued required utilization of a schedule II opioid (Nucynta) to address opioid-responsive pain. The treatment plan included Nucynta and a serum toxicological screen. Follow-up was indicated in one month. Disability status was deferred to the primary treating physician of record. Documentation shows that the injured worker reported in previous progress reports that Nucynta worked "extremely well" with minimal nausea or other side effects. Previous medications tried included Butrans, Tramadol, Hydrocodone-APAP, Tylenol #3 and Tylenol #4 with reported side effects of nausea and similar issues. The injured worker had been transitioned to Nucynta on 06-29-2015. Urine toxicology reports were not made available for review. On 10-21-2015, Utilization Review non-certified the request for serum drug screen quantity 1 and modified the request for Nucynta 50 mg #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Serum Drug Screen QTY 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

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 section, Urine drug screen.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, serum drug screen #1 is not medically necessary. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. This test should be used in conjunction with other clinical information when decisions are to be made to continue, adjust or discontinue treatment. The frequency of urine drug testing is determined by whether the injured worker is a low risk, intermediate or high risk for drug misuse or abuse. Patients at low risk of addiction/aberrant behavior should be tested within six months of initiation of therapy and on a yearly basis thereafter. For patients at low risk of addiction/aberrant drug-related behavior, there is no reason to perform confirmatory testing unless the test inappropriate or there are unexpected results. If required, confirmatory testing should be the questioned drugs only. In this case, the injured worker's working diagnoses are low back pain; and lumbago. Date of injury is June 20, 2013. Request for authorization is September 23, 2015. According to a June 29, 2015 progress note, the injured worker was not able to tolerate Butrans. There was a similar effect with tramadol and Tylenol #3 and Tylenol #4. On July 27, 2015, the treating provider prescribed Nucynta 50 mg. According to a September 23, 2015 progress note, each worker has ongoing low back pain and right sciatica. The pain related impairment score was 43 - 60 (moderately severe impairment). There is no VAS pain score. Objectively, there is decreased range of motion of the lumbar spine. Other than a mental status examination, there are no neurologic findings indicating objective motor strength or sensation. The documentation indicates there are severe pain related limitations on the musculoskeletal examination, but the treating provider does not document them specifically. There is no documentation of aberrant drug-related behavior, drug misuse or abuse, but the documentation does state the injured worker is at high risk for drug use or abuse. Urine drug testing is recommended as a tool to monitor compliance with prescribed substances, identify use of undisclosed substances and uncover diversion of prescribed substances. There is no clinical indication or rationale for a serum drug screen. The guidelines do not support a serum drug screen. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines and guideline recommendations for a urine drug screen, serum drug screen #1 is not medically necessary.

Nucynta 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Work Loss Data Institute, Official Disability

Guidelines (ODG) Treatment in Workers Compensation, current edition, accessed online, (updated 10/20/10): Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids, Nucynta.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta 50mg #30 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. See the guidelines for additional details. In this case, the injured worker's working diagnoses are low back pain; and lumbago. Date of injury is June 20, 2013. Request for authorization is September 23, 2015. According to a June 29, 2015 progress note, the injured worker was not able to tolerate Butrans. There was a similar effect with tramadol and Tylenol #3 and Tylenol #4. On July 27, 2015, the treating provider prescribed Nucynta 50 mg. According to a September 23, 2015 progress note, each worker has ongoing low back pain and right sciatica. The pain related impairment score was 43 - 60 (moderately severe impairment). There is no VAS pain score. Objectively, there is decreased range of motion of the lumbar spine. Other than a mental status examination, there are no neurologic findings indicating objective motor strength or sensation. The documentation indicates there are severe pain related limitations on the musculoskeletal examination, but the treating provider does not document them specifically. There is no documentation demonstrating objective functional improvement to support ongoing Nucynta. Nucynta was started July 27, 2015 and the injured worker presented for reevaluation on September 23, 2015. The medical record documentation indicates the treating provider may discontinue opiates if the injured worker is intolerant to the Nucynta. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, and no documentation demonstrating objective functional improvement to support ongoing Nucynta, Nucynta 50mg #30 is not medically necessary.