

Case Number:	CM15-0027119		
Date Assigned:	02/19/2015	Date of Injury:	01/23/2013
Decision Date:	04/07/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	02/12/2015

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 45 year old male, who sustained an industrial injury on January 23, 2013. The diagnoses have included unspecified myalgia and myositis, spasm of muscle, thoracic/lumbosacral neuritis/radiculitis, lumbago, degeneration lumbar/lumbosacral intervertebral disc and lumbosacral spondylosis without myelopathy. A progress note dated January 27, 2015 provided the injured worker complains of low back and right leg pain with spasms. Pain is rated 3-4/10. On February 9, 2015 utilization review non-certified a request for magnetic resonance imaging (MRI) of the thoracic spine, Nucynta ER 100mg #30, Nucynta IR 50mg #60 and Baclofen 10mg #60. The Medical Treatment Utilization Schedule (MTUS) and Official Disability Guidelines (ODG) were utilized in the determination. Application for independent medical review (IMR) is dated February 12, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI of the Thoracic Spine: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official disability guidelines Low Back Lumbar and Thoracic Chapter, MRI's.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for MRI OF THE THORACIC SPINE. The request for authorization is dated 02/02/14. MRI of the lumbar spine 02/10/13 shows a 3mm broad based right central bulge. EMG/NCS 07/22/13 shows prolongation of the right peroneal F-response in comparison to the left peroneal F-response, which can indicate a dysfunction in the right L4-5 nerve root or the peroneal division of the right sciatic nerve. Patient complains of right leg pain to foot, consistent with recurrent radiculopathy. Patient has sacroiliac joint tenderness for which sacroiliac joint RFA is indicated. Patient complains of thoracic pain with referred pain to flank. Patient has been more active and believes this is the reason why pain has increased. Increased muscle spasms are noted at night on right side. Sleep quality is poor and interrupted due to pain and spasms. Patient's medications include Baclofen, Celebrex, Lisinopril, Lyrica, Nucynta, Nucynta ER and Omeprazole. Patient is recommended regular home exercise/physical therapy on an ongoing regular basis. Patient is working modified work duty. ODG, Low Back Lumbar and Thoracic Chapter, MRI's, states, "Recommended for indications below. MRI's are test of choice for patients with prior back surgery, but for uncomplicated low back pain, with radiculopathy, not recommended until after at least one month conservative therapy, sooner if severe or progressive neurologic deficit. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology (e.g., tumor, infection, fracture, neurocompression, recurrent disc herniation)." Per progress report dated 01/27/15, treater's reason for the request is to rule out nerve root compromise given the radicular complaints and the length of time they have been going on. Review of the reports does not show that the patient has had an MRI of the thoracic spine, and the utilization review letter did not reference prior MRI either. Given the patient's radiating pain, a neurologic finding, the requested MRI appears reasonable and consistent with the guidelines. The request IS medically necessary.

Nucynta ER 100mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for NUCYNTA ER 100MG, #30. The request for authorization is dated 02/02/14. MRI of the lumbar spine 02/10/13 shows a 3mm broad based right central bulge. EMG/NCS 07/22/13 shows prolongation of the right peroneal F-response in comparison to the left peroneal F-response, which can indicate a dysfunction in the right L4-5 nerve root or the peroneal division of the right sciatic nerve. Patient complains of right leg pain to foot, consistent with recurrent radiculopathy. Patient has sacroiliac joint tenderness for which sacroiliac joint RFA is indicated. Patient complains of thoracic pain with referred pain to flank. Patient has been more active and believes this is the reason why pain has increased. Increased muscle spasms are noted at night on right side. Sleep quality is poor and interrupted due to pain and spasms. Patient's medications include Baclofen, Celebrex, Lisinopril, Lyrica, Nucynta, Nucynta ER and Omeprazole. Patient is recommended regular home exercise/physical therapy

on an ongoing regular basis. Patient is working modified work duty. MTUS Guidelines 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 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. Per progress report dated 01/27/15, treater's reason for the request is "for pain." The patient has been prescribed Nucynta ER since at least 01/13/14. The treater notes a general statement the 4A's are discussed and documented. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Nucynta ER significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Nucynta ER. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. Per progress report dated 01/27/15, treater documents baseline UDT on 08/20/13 and 01/27/15 with consistent results, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Nucynta IR 50mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-64. Decision based on Non-MTUS Citation Official Disability Guidelines: Pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for NUCYNTA IR 50MG, #60. The request for authorization is dated 02/02/14. MRI of the lumbar spine 02/10/13 shows a 3mm broad based right central bulge. EMG/NCS 07/22/13 shows prolongation of the right peroneal F-response in comparison to the left peroneal F-response, which can indicate a dysfunction in the right L4-5 nerve root or the peroneal division of the right sciatic nerve. Patient complains of right leg pain to foot, consistent with recurrent radiculopathy. Patient has sacroiliac joint tenderness for which sacroiliac joint RFA is indicated. Patient complains of thoracic pain with referred pain to flank. Patient has been more active and believes this is the reason why pain has increased. Increased muscle spasms are noted at night on right side. Sleep quality is poor and interrupted due to pain and spasms. Patient's medications include Baclofen, Celebrex, Lisinopril, Lyrica, Nucynta, Nucynta ER and Omeprazole. Patient is recommended regular home exercise/physical therapy on an ongoing regular basis. Patient is working modified work duty. MTUS Guidelines 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 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. Per

progress report dated 01/27/15, treater's reason for the request is "for pain." The patient has been prescribed Nucynta IR since at least 01/13/14. The treater notes a general statement the 4A's are discussed and documented. MTUS requires appropriate discussion of the 4A's, however, in addressing the 4A's, treater has not discussed how Nucynta IR significantly improves patient's activities of daily living with specific examples of ADL's. Analgesia has not been discussed either, specifically showing significant pain reduction with use of Nucynta IR. No validated instrument has been used to show functional improvement. Furthermore, there is no documentation or discussion regarding adverse effects and aberrant drug behavior. Per progress report dated 01/27/15, treater documents baseline UDT on 08/20/13 and 01/27/15 with consistent results, but no CURES or opioid pain contract. Therefore, given the lack of documentation as required by MTUS, the request IS NOT medically necessary.

Baclofen 10mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antispasticity Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with low back pain radiating to lower extremity. The request is for BACLOFEN 10MG, #60. The request for authorization is dated 02/02/14. MRI of the lumbar spine 02/10/13 shows a 3mm broad based right central bulge. EMG/NCS 07/22/13 shows prolongation of the right peroneal F-response in comparison to the left peroneal F-response, which can indicate a dysfunction in the right L4-5 nerve root or the peroneal division of the right sciatic nerve. Patient complains of right leg pain to foot, consistent with recurrent radiculopathy. Patient has sacroiliac joint tenderness for which sacroiliac joint RFA is indicated. Patient complains of thoracic pain with referred pain to flank. Patient has been more active and believes this is the reason why pain has increased. Increased muscle spasms are noted at night on right side. Sleep quality is poor and interrupted due to pain and spasms. Patient's medications include Baclofen, Celebrex, Lisinopril, Lyrica, Nucynta, Nucynta ER and Omeprazole. Patient is recommended regular home exercise/physical therapy on an ongoing regular basis. Patient is working modified work duty. Regarding muscle relaxants for pain, MTUS Guidelines page 63 states, "Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbation in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. Drugs with the most limited published evidence in terms of clinical effectiveness include chlorzoxazone, methocarbamol, dantrolene and baclofen." Treater has not provided reason for the request. The patient has been prescribed Baclofen since at least 01/13/14. However, treater has not documented improvement in function or reduction in pain due to use of Baclofen. Based on guidelines, the requested medication is listed as one with the least published evidence of clinical effectiveness and is recommended for short-term use only. Baclofen has been prescribed at least for 13 months from the UR date of 02/09/15. Furthermore, the request

for quantity 60 does not indicate intended short-term use of this medication. Therefore, the request IS NOT medically necessary.