

Case Number:	CM15-0027153		
Date Assigned:	02/19/2015	Date of Injury:	05/08/1998
Decision Date:	03/31/2015	UR Denial Date:	02/10/2015
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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & Gen Prev Med

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 70 year old male, who sustained an industrial injury on 5/8/98. He has reported low back injury. The diagnosis is lumbago. Treatment to date has included medications. Currently, the injured worker complains of low back pain, which he states has stabilized after starting Nucynta ER combined with Norco. On physical exam dated 1/19/15, neurological exam of lumbar spine was intact. On 2/10/15 Utilization Review submitted modified certifications for Norco 7.5/325mg #90 with 2 refills and Nucynta ER 50mg #60 with 2 refills, noting no functional improvement from previous stage, modification recommended for weaning purposes. The MTUS, ACOEM Guidelines and ODG were cited. On 2/12/15, the injured worker submitted an application for IMR for review of Norco 7.5/325mg #90 with 2 refills and Nucynta ER 50mg #60 with 2 refills.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90 with 2 refills QTY: 270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96, Postsurgical Treatment Guidelines.

Decision rationale: ODG does not recommend the use of opioids for neck, low back, and shoulder 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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The treating physician does not document a VAS score on Norco nor is there any documentation of functional improvement. The prior reviewer recommended weaning and the patient has been on Norco in excess of guidelines. As such, the request for Norco 7.5/325mg #90 with 2 refills QTY: 270 is not medically necessary.

Nucynta ER 50mg #60 with 2 refills QTY: 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines - Integrated Treatment/Duration Disability Guidelines: Pain (chronic)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: MTUS states regarding the use of opioids 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." The treating physician does not fully document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function, or improved quality of life. The patient does not rate his pain level on a VAS score or document functional improvement while on the medication. The original reviewer modified the request to allow for weaning, which was appropriate. The treating physician does not detail pain relief while on Nucynta nor is there any documentation of functional improvement. The medical documents do not support current treatment. As such, the request for Nucynta ER 50mg #60 with 2 refills QTY: 180 is not medically necessary.

