

Case Number:	CM15-0212974		
Date Assigned:	11/02/2015	Date of Injury:	04/15/2004
Decision Date:	12/14/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/29/2015

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 55-year-old female who sustained an industrial injury on 4-15-2004 and has been treated for left knee internal derangement, chronic degenerative joint disease, left total knee replacement, and lumbar sprain with disc protrusion. Diagnostic lumbar X-ray dated 8-19-2015 showed scoliosis and minimal degenerative changes. MRI that date revealed moderate L5-S1 narrowing due to disc herniation with posterior displacement of the traversing left S1 nerve root complex. On 9-1-2015 the injured worker reported continued low back pain radiating down the left leg to the middle toe, and up to the cervical spine. Objective findings included back stiffness, no spasm, left paraspinal tenderness, left sciatic notch trigger point, antalgic gait, and limitations with ranges of motion were observed. Documented treatment includes TENS unit for her left leg, 1 visit of physical therapy, and medications including Lyrica, Zomium, and she is noted as taking Nucynta for at least one year in the provided records and documented to provide 50 percent improvement in pain and ability to perform activities of daily living. It is noted that she is current with a pain contract and urine drug screenings have been "consistent." The physician says she has no aberrant behaviors or adverse reactions. The medication is noted to increase her disability index score to 54 percent disability versus 82 percent without. The physician's plan of care includes a request to refill Nucynta 75 mg #90 with 3 refills, and add one bottle of Pennsaid 2 percent for knee pain and inflammation. Both were denied on 9-29-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 tablets of Nucynta 75mg with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of Nucynta for at least one year in terms of decreased pharmacological dosing or tapering off opiates, decreased medical utilization, specific increased ADLs and functional work status with persistent severe pain for this chronic 2004 injury without acute flare, new injury, or progressive neurological deterioration. The 90 tablets of Nucynta 75mg with 3 refills is not medically necessary and appropriate.

1 Bottle of Pennsaid 2%: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: PENNSAID (diclofenac sodium topical solution) is a nonsteroidal anti-inflammatory drug (NSAID) indicated for the treatment of signs and symptoms of osteoarthritis of the knee(s). Per MTUS Chronic Pain Guidelines, the efficacy in clinical trials for topical analgesic treatment modality has been inconsistent and most studies are small and of short duration. These medications may be useful for chronic musculoskeletal pain, but there are no long-term studies of their effectiveness or safety. There is little evidence to utilize topical analgesic Pennsaid solution over oral NSAIDs or other pain relievers for a patient without contraindication in taking oral medications. Medical necessity for topical Pennsaid has not been established. The 1 Bottle of Pennsaid 2% is not medically necessary and appropriate.