

Case Number:	CM15-0218907		
Date Assigned:	11/10/2015	Date of Injury:	04/06/2009
Decision Date:	12/22/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	11/06/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 47 year old female with a date of injury on 4-6-09. A review of the medical records indicates that the injured worker is undergoing treatment for lower back injury. Progress report dated 10-5-15 reports continued complaints of pain described as aching and stabbing in the right periscapular region with numbness in her upper extremities. The pain is rated 8 out of 10 without medications and 6-7 out of 10 with medications. Norco helps for moderate to severe pain and Nucynta IR to ER helps with chronic pain. Objective findings: reports joint pain, muscle pain, joint swelling, balance problems, reports depression and insomnia, she has headaches, migraines. She has decreased range of motion with extension of the cervical spine, spurlings sign elicits neck pain on the right and is negative on the left. MRI thoracic spine 5-2-13 and MRI cervical spine 5-2-13. Request for authorization was made for Norco 5-325 mg quantity 60, Nucynta 150 mg quantity 60 and Zofran 8 mg quantity 10. Utilization review dated 10-14-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: 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, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation Farrar JT, Young JP, LaMoreaux L, Werth JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. Pain. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in April 2009 when, while lifting boxes from a conveyor belt and stacking them to her side, she felt and heard a pop in the right side of her mid back and her right arm went numb. She continues to be treated for chronic neck and right upper extremity pain. In July 2015 treatments had included physical therapy and a thoracic epidural injection both without pain relief. Medications were the only thing that was helping with her pain. She was taking immediate release Nucynta and Norco. She was taking tizanidine and she reported that it was causing nausea. Norco was the only medication that was providing pain relief for headaches. Immediate release Nucynta was changed to extended release Nucynta. Tizanidine was discontinued and Robaxin was prescribed. In October 2015 medications are referenced as decreasing pain from 8/10 to 6-7/10 and as helpful and being well-tolerated. She had pain in the right periscapular region with numbness in the upper extremities. Review of systems was negative for nausea. Physical examination findings included decreased cervical spine range of motion. There was neck pain with Spurling's testing on the right side. She had moderate right trapezius and periscapular spasms. There was decreased right upper extremity strength and sensation. Extended release Nucynta and Norco were continued. The assessment references occasional nausea from her medications and Zofran was started. The total MED (morphine equivalent dose) was 120 mg per day. Urine drug screening was performed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, there is no documentation that this medication is currently consistently providing what is considered a clinically significant decrease in pain or specific examples of how this medication is resulting in an increased level of function or improved quality of life. The claimant has chronic headaches and this medication may be causing a rebound headache syndrome. Continued prescribing is not considered medically necessary.

Nucynta 150mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Nucynta (Tapentadol).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioids, long-term assessment. Decision based on Non-MTUS Citation ODG Workers' Compensation Drug Formulary and Other Medical Treatment Guidelines Farrar JT, Young JP, LaMoreaux L, Werth

JL, Poole RM. Clinical importance of changes in chronic pain intensity measured on an 11-point numerical pain rating scale. *Pain*. 2001 Nov; 94 (2): 149-58.

Decision rationale: The claimant sustained a work injury in April 2009 when, while lifting boxes from a conveyor belt and stacking them to her side, she felt and heard a pop in the right side of her mid back and her right arm went numb. She continues to be treated for chronic neck and right upper extremity pain. In July 2015 treatments had included physical therapy and a thoracic epidural injection both without pain relief. Medications were the only thing that was helping with her pain. She was taking immediate release Nucynta and Norco. She was taking tizanidine and she reported that it was causing nausea. Norco was the only medication that was providing pain relief for headaches. Immediate release Nucynta was changed to extended release Nucynta. Tizanidine was discontinued and Robaxin was prescribed. In October 2015 medications are referenced as decreasing pain from 8/10 to 6-7/10 and as helpful and being well-tolerated. She had pain in the right periscapular region with numbness in the upper extremities. Review of systems was negative for nausea. Physical examination findings included decreased cervical spine range of motion. There was neck pain with Spurling's testing on the right side. She had moderate right trapezius and periscapular spasms. There was decreased right upper extremity strength and sensation. Extended release Nucynta and Norco were continued. The assessment references occasional nausea from her medications and Zofran was started. The total MED (morphine equivalent dose) was 120 mg per day. Urine drug screening was performed. Nucynta ER is a sustained release opioid used for treating baseline pain. Nucynta is not an ODG formulary first-line medication and there is no generic availability and is not referenced in the MTUS guidelines. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is 120 mg per day, there is no documentation that this medication is currently consistently providing what is considered a clinically significant decrease in pain or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.

Zofran 8mg #10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter Antiemetics (for opioid nausea).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), Antiemetics (for opioid nausea).

Decision rationale: The claimant sustained a work injury in April 2009 when, while lifting boxes from a conveyor belt and stacking them to her side, she felt and heard a pop in the right side of her mid back and her right arm went numb. She continues to be treated for chronic neck and right upper extremity pain. In July 2015 treatments had included physical therapy and a thoracic epidural injection both without pain relief. Medications were the only thing that was helping with her pain. She was taking immediate release Nucynta and Norco. She was taking tizanidine and she reported that it was causing nausea. Norco was the only medication that was

providing pain relief for headaches. Immediate release Nucynta was changed to extended release Nucynta. Tizanidine was discontinued and Robaxin was prescribed. In October 2015 medications are referenced as decreasing pain from 8/10 to 6-7/10 and as helpful and being well-tolerated. She had pain in the right periscapular region with numbness in the upper extremities. Review of systems was negative for nausea. Physical examination findings included decreased cervical spine range of motion. There was neck pain with Spurling's testing on the right side. She had moderate right trapezius and periscapular spasms. There was decreased right upper extremity strength and sensation. Extended release Nucynta and Norco were continued. The assessment references occasional nausea from her medications and Zofran was started. The total MED (morphine equivalent dose) was 120 mg per day. Urine drug screening was performed. Antiemetics for opioid induced nausea secondary to chronic opioid use are not recommended. Although nausea and vomiting are common with use of opioids, these side effects tend to diminish over days to weeks with continued exposure. When there is prolonged nausea and vomiting other etiologies of these symptoms should be evaluated for, such as gastroparesis which primarily occurs due to diabetes. Current research for treatment of nausea and vomiting as related to opioid use primarily addresses the use of antiemetics in patients with cancer pain or those utilizing opioids for acute/postoperative therapy and recommendations based on these studies cannot be extrapolated to chronic nonmalignant pain patients. Ondansetron (Zofran) is FDA approved for nausea and vomiting secondary to chemotherapy and radiation treatment and for postoperative use and in the acute treatment of gastroenteritis. The claimant does not have any of these conditions. Ongoing prescribing is not considered medically necessary.