

Case Number:	CM15-0036012		
Date Assigned:	03/04/2015	Date of Injury:	10/11/2004
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	02/25/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented 56-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 11, 2004. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve requests for Nucynta, Neurontin, and Nucynta extended release. The claims administrator referenced an RFA form of February 10, 2015 and an associated progress note of January 30, 2015 in its determination. The applicant was status post earlier lumbar fusion surgery on December 10, 2014, the claims administrator further reported. The claims administrator's medical evidence log seemingly suggested, however, that the January 30, 2015 office visit and February 10, 2015 RFA form in question were not incorporated into the Independent Medical Review packet. In a handwritten note dated October 8, 2014, the applicant was placed off of work, on total temporary disability. The applicant exhibited a visible limb. The applicant was asked to continue usage of a bone growth stimulator. On December 10, 2014, the applicant reported 6/10 low back pain complaints. The applicant was using Neurontin, Ultram, Ultram extended release, Butrans, and Skelaxin as of this point in time. The applicant was asked to try and cease smoking. Flexeril, Neurontin, diclofenac, tramadol, and Norco were refilled, it was stated at the bottom of the report. Thus, it did not appear that the medication list provided at the top of the report was current. Little-to-no discussion of medication efficacy transpired. On October 2, 2014, the attending provider reported that the applicant's earlier spine surgery had transpired much earlier in time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Gabapentin tab 600mg, 30 day supply, quantity: 90, Date: 01/31/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17, 18-19.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, Gabarone™, generic available) Page(s): 19.

Decision rationale: No, the request for gabapentin (Neurontin) was not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants using gabapentin should be asked "at each visit" as to whether there have been improvements in pain and/or function effected as a result of the same. Here, however, the historical progress notes provided, including the December 10, 2014 progress note on file, contained no references to or discussion of medication efficacy. The limited information on file, however, seemingly suggested that the applicant was not working, remained dependent on a variety of opioid agents, including Norco, Nucynta, Nucynta extended release, tramadol, etc. Permanent work restrictions were seemingly renewed, unchanged, from visit to visit, it was suggested on October 2, 2014. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of gabapentin and Neurontin. Therefore, the request was not medically necessary.

Nucynta tab 75mg, 30 day supply, quantity: 90, Date: 01/31/2015: 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 (updated 02/10/15) Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for Nucynta, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the admittedly limited and at times outdated information on file, which did not include the January 30, 2015 office visit made available to the claims administrator, suggested that the applicant was using a variety of short-acting opioids, including tramadol, Norco, and Nucynta. It was not clearly stated or established why the applicant needed to use three separate short-acting opioids in the face of the unfavorable MTUS position on such usage. Therefore, the request was not medically necessary.

Nucynta ER tab 50mg, 30 day supply, quantity: 60, Date: 02/05/2015: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain (updated 02/10/15).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Nucynta extended release, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, an October 2, 2014 progress note, however, suggested that the applicant was no longer working as a sterile processing technician owing to ongoing low back pain complaints. A December 10, 2014 progress note failed to outline any meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing opioid usage. While it is acknowledged that the January 30, 2015 progress note made available to the claims administrator was not incorporated into the Independent Medical Review packet, the information which was on file, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.