

Case Number:	CM15-0056241		
Date Assigned:	04/01/2015	Date of Injury:	01/18/2002
Decision Date:	05/06/2015	UR Denial Date:	03/24/2015
Priority:	Standard	Application Received:	03/24/2015

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, California
Certification(s)/Specialty: Family Practice

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 77 year old female patient, who sustained an industrial injury on 1/18/2002. The current diagnoses are chronic pain syndrome, neck pain, status post cervical spine fusion, low back pain, lumbar spinal stenosis, lumbar post laminectomy syndrome, chronic bilateral L5 and S1 radiculitis, right hip pain, status post right hip replacement, knee pain, lumbar degenerative disc disease, shoulder pain, rotator cuff tear, osteoarthritis of the left shoulder, bilateral carpal tunnel syndrome, bilateral cubital tunnel syndrome, and status post cubital/carpal tunnel release (1/20/2015). According to the progress report dated 3/8/2015, she had complains of right groin/hip pain. The pain is rated 4-5/10 with medications and 8-9/10 without. Additionally, she reports increased anxiety with reduction of Xanax. She also discontinued her tramadol, secondary to urinary retention. With the discontinuation of tramadol, she has had less urinary retention. The physical examination revealed cervical spine- tenderness, decreased range of motion; lumbar spine- tenderness, decreased sensation in L5 and S1 dermatomes and positive straight leg raising test bilaterally. The medications list includes norco, nucynta, xanax, prilosec, voltaren gel, lidoderm patch, tizanidine, gabapentin, cymbalta, lisinopril, metformin and multivitamins. She has had electrodiagnostic studies lower extremities dated 10/16/14, which revealed chronic bilateral L4 radiculopathy, electrodiagnostic studies upper extremities dated 10/16/14, which revealed bilateral carpal and cubital tunnel syndrome and MRI lumbar spine dated 7/29/14, which revealed multilevel degenerative changes. She has undergone spinal cord stimulator implantation, cervical spine fusion, right hip replacement and cubital/carpal tunnel release. She has had physical therapy for this injury. She has had urine drug screen on 1/9/15 with consistent results.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment for Workers' Compensation (ODG-TWC) Pain Procedure Summary Online Version last updated 02/23/2015.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain (updated 04/06/15) Tapentadol (Nucynta).

Decision rationale: CA MTUS does not specifically address Nucynta. Nucynta (tapentadol) is a centrally acting opioid agonist similar to tramadol. Per the ODG cited above, "Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. (Afilalo, 2010) (Buynak, 2010) (Lange, 2010) On November 21, 2008, the FDA approved tapentadol immediate-release tablets for relief of moderate to severe acute pain. "Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone, "Nucynta was already approved for acute pain. (FDA, 2011)." According to the records provided patient had chronic neck and hip/groin pain with history of cervical spine fusion, right hip replacement and cubital/carpal tunnel release. She has positive findings on examination, tenderness, decreased range of motion and positive straight leg raising. She has had MRI and electrodiagnostic studies with abnormal findings. The patient has chronic pain with significant abnormal objective findings. The chronic pain is prone to intermittent exacerbations. A request for Nucynta 100mg #60 is medically appropriate and necessary for this patient at this juncture for chronic pain as well as for use during acute exacerbations.

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ODG-TWC Pain Procedure Summary Online Version last updated 02/23/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-80.

Decision rationale: Request: Norco 10/325mg #120 Norco contains hydrocodone and acetaminophen. Hydrocodone is an opioid analgesic. According to the cited guidelines, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal

drugs." The continued review of the overall situation with regard to non-opioid means of pain control is not documented in the records provided. Patient is already certified for nucynta. Response to nucynta (lower potency opioid) without norco is not specified in the records provided. This patient did not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #120 is not established for this patient.

Xanax 0.5mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: Xanax contains alprazolam which is a benzodiazepine, an anti anxiety drug. According to MTUS guidelines, Benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. Their range of action includes sedative/hypnotic, anxiolytic, anticonvulsant, and muscle relaxant. Chronic benzodiazepines are the treatment of choice in very few conditions. Tolerance to hypnotic effects develops rapidly. Tolerance to anxiolytic effects occurs within months and long-term use may actually increase anxiety." Any trial of other non-pharmacological measures for treatment of insomnia is not specified in the records provided. As mentioned above, prolonged use of benzodiazepines may lead to dependence. They do not alter stressors or the individual's coping mechanisms. The medical necessity of Xanax 0.5mg #60 is not established for this patient.