

Case Number:	CM14-0114899		
Date Assigned:	08/04/2014	Date of Injury:	08/23/2003
Decision Date:	10/31/2014	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic neck pain and migraine headaches reportedly associated with an industrial injury of August 23, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; cervical epidural steroid injection therapy; opioid therapy; transfer of care to and from various providers in various specialties and reported return to work. In a Utilization Review Report dated June 26, 2014, the claims administrator failed to approve request for Nucynta, Fioricet, and tramadol. The applicant's attorney subsequently appealed. In an April 3, 2014 progress note, the attending provider suggested that the applicant was working as a grocery clerk at [REDACTED] at [REDACTED], [REDACTED], despite ongoing complaints of neck and headaches. The applicant was using Fioricet, Ultracet, Flexeril, and Nucynta, it was noted. The attending provider suggested that the applicant was still working full time. It was stated that the applicant might be a candidate for cervical spine surgery. The applicant was returned to regular duty work while Nucynta, Fioricet, tramadol, and Flexeril were renewed. In a spine surgery consultation on June 5, 2014, authorization was sought for cervical discectomy and fusion surgery. Fioricet, tramadol, Nucynta, and Flexeril were also endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 75mg, #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS does not address the topic. As noted in ODG's Chronic Pain Chapter, tapentadol topic, tapentadol and Nucynta is recommended only as second-line therapy for applicants who develop intolerable or adverse effects with first line opioids. In this case, there is no evidence of intolerance to and/or failure of multiple classes of first line oral opioids. The applicant's ongoing usage of tramadol, a first line opioid, effectively obviates the need for Nucynta. No rationale for selection of Nucynta in favor of other first line opioids was furnished by the attending provider. Therefore, the request is not medically necessary.

Floriset #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Barbiturate Containing Analgesic Page(s): 23.

Decision rationale: As noted on page 23 of the MTUS Chronic Pain Medical Treatment Guidelines, barbiturate-containing analgesics such as Fioricet are not recommended in the treatment of chronic pain. In this case, the attending provider has seemingly used Fioricet for chronic, long term, and/or scheduled use purposes, for the applicant's ongoing complaints of headaches. This is not an MTUS- endorsed role for Fioricet. No compelling applicant specific rationale or medical evidence was attached to the request for authorization so as to offset the unfavorable MTUS position on the article at issue. Therefore, the request is not medically necessary.

Tramadol 50mg, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, the applicant has returned to and maintained successful return to work status despite ongoing complaints of chronic neck pain and associated headaches. The attending provider's documentation while at times incomplete, does likewise suggest that the applicant is

deriving appropriate analgesia with ongoing usage of the same. Therefore, the request is medically necessary.