

Case Number:	CM14-0146651		
Date Assigned:	09/12/2014	Date of Injury:	09/20/2011
Decision Date:	10/14/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/08/2014

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 patient is a 48-year-old male who has submitted a claim for lumbago associated with an industrial injury date of September 20, 2011. Medical records from 2014 were reviewed, which showed that the patient complained of low back and bilateral extremity pain. Patient noted that with the medication, he was able to increase his total functionality. Pain was rated at 8-9 characterized as intermittent, sharp, dull, throbbing, burning, aching, electricity and pins and needles. Examination revealed tenderness over the lumbar paraspinal area. There was decreased sensation throughout the lower extremities. Treatment to date has included heat and ice packs and medications such as Nucynta, Trazodone, amlodipine, naproxen, gabapentin and tramadol. The most recent urine drug screen dated 6/25/2014 noted the patient was negative for Nucynta and positive for hydrocodone, Hydromorphone, Norhydrocodone, Noroxycodone, Oxycodone and Oxymorphone. The patient denied side effects and diversion of medications or aberrant drug-taking behaviors. Utilization review from August 20, 2014 denied the request for 180 Tablets of Nucynta 100mg, 60 Tablets of Naproxen 550mg and 60 Tablets of Tramadol ER 150mg. The requests for Nucynta and Tramadol were denied due to lack of objective assessment of the patient's functional status and the patient's risk for aberrant drug use behaviors. The request for Naproxen was denied because the guidelines only recommend its short-term use.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 Tablets of Nucynta 100mg: 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 Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking Nucynta for pain since at least March 2014. Records show that the patient indicated that the opioid medications decreased the pain and improved her functioning. There was no documentation of any intolerable side effect. The patient understands to hold opioid medication upon sedation. Patient denies any diversion of medications or aberrant drug taking behaviors. Nucynta is being given prn (as needed). A urine drug screen did not show Nucynta but showed other medications not being prescribed. The records did not adequately explain this inconsistent screen. Without further explanation, it is unclear why there is a need for a refill of Nucynta being given as needed if the patient is not taking the medication. The patient is also at risk for drug-related behavior considering his intake of non-prescribed drugs. Therefore, the request for 180 Tablets of Nucynta 100mg is not medically necessary.

60 Tablets of Naproxen 550mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CA MTUS 2009 Chronic Pain; NSAIDs (non-steroidal anti-inflammatory).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: According to CA MTUS Chronic Pain Medical Treatment Guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain. Continuation or modification of pain management depends on the physician's evaluation of progress toward treatment objectives. If the patient's progress is unsatisfactory, the physician should assess the appropriateness of continued use of the current treatment plan and consider the use of other therapeutic modalities. There is no evidence of long-term effectiveness for pain or function. In this case, the patient was prescribed naproxen since at least March 2014. However, there was no objective documentation of functional improvement or pain relief from previous Naproxen use. Furthermore, the guidelines do not recommend the long-term use of NSAIDs. Therefore, the request for 60 Tablets of Naproxen 550mg is not medically necessary.

60 Tablets of Tramadol ER 150mg: 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 Opioids, Ongoing Management Page(s): 78-81.

Decision rationale: As stated on pages 78-80 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are no trials of long-term opioid use in neuropathic pain. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. Four domains have been proposed as most relevant for ongoing monitoring of CHRONIC pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, the patient had been taking tramadol for pain since at least March 2014. Records show that the patient indicated that the opioid medications decreased the pain and improved her functioning. There was no any intolerable side effect. The patient understands to hold opioid medication upon sedation. Patient denies any diversion of medications or aberrant drug taking behaviors. A urine drug screen did not show Nucynta and tramadol but showed other medications not being prescribed. The records did not adequately explain this inconsistent screen. The patient is at risk for drug-related behavior considering his intake of non-prescribed drugs. Therefore, the request for 60 Tablets of Tramadol ER 150mg is not medically necessary.