

Case Number:	CM14-0160006		
Date Assigned:	10/03/2014	Date of Injury:	07/06/2009
Decision Date:	10/30/2014	UR Denial Date:	09/25/2014
Priority:	Standard	Application Received:	09/29/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in Connecticut. 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:

After careful review of the medical records, this is a 55 year old male with complaints of neck pain, upper back pain, and low back pain. The date of injury is 7/6/09 and the mechanism of injury is "cumulative injury" but no specific mechanism elicited from the records. At the time of request for bilateral L5 transforaminal lumbar ESI under fluoroscopic guidance and conscious sedation and Nucynta ER 100mg #60, there is subjective (neck pain, upper back pain, low back pain) and objective (myofascial tenderness T8, muscle spasm and tenderness quadratus lumborum and paraspinal lumbar musculature, restricted range of motion lumbar spine, straight left raise positive bilaterally, cervical spine tenderness) findings, imaging findings/other (MRI lumbar spine 3/25/11 shows multilevel degenerative disc disease with disc displacement, spondylosis, MRI thoracic spine shows T11/12 and T5/6,T7/8 disc displacements), diagnoses (lumbar degenerative disc disease, lumbar radiculitis, myalgia, chronic pain syndrome), and treatment to date (medications, lumbar epidural steroids, request for spinal cord stimulator which was not accepted, trigger point injections). There needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural. Nucynta is a combination opioid with norepinephrine reuptake inhibition that is recommended for second line treatment of severe chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral L5 Transforaminal Lumbar ESI under fluoroscopic guidance and conscious sedation: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections (ESIs) Page(s): 46.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injection, Page(s): 46.

Decision rationale: Based on MTUS-Chronic Pain Medical Treatment Guidelines, there needs to be clinical evidence of radicular pain as defined by pain in a dermatomal distribution with corroborative findings of radiculopathy. Most recommendations support no more than 2 epidural steroid injections. Current recommendations suggest a second epidural if partial success is demonstrated with the first epidural. This patient has clinical findings of L5 radiculopathy/radicular pain that correlates with the imaging finding of L5-S1 disc protrusion as well as significant analgesic response from the first epidural steroid injection. Therefore, it is my opinion that an L5-S1 epidural steroid injection under fluoroscopy and conscious sedation is appropriate and medically necessary.

Nucynta ER 100mg, QTY: 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), Pain Chapter; Tapentadol (Nucynta)

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

Decision rationale: Per ODG treatment guidelines, Nucynta is a combination opioid with norepinephrine reuptake inhibition that is recommended for second line treatment of severe chronic pain. A comprehensive strategy for the prescribing of opioids needs to be in place including detailed evaluation of ongoing pharmacologic treatment ie drug analgesic efficacy as well as a gross examination of physical function on and off the medication (or at the end of a dosing cycle). Aberrant behavior (or absence of) due to drug misuse (or compliance) needs to be documented. Drug urine testing should be performed. A medication agreement is highly recommended and should be on file. Although this has all been documented, there is no documentation of failure of other first line long acting opioids such as oxycontin or mscontin. Therefore, the request for Nucynta is not medically necessary.

