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| Case Number: | CM14-0184529 | | |
| Date Assigned: | 11/12/2014 | Date of Injury: | 12/20/2007 |
| Decision Date: | 12/18/2014 | UR Denial Date: | 11/04/2014 |
| Priority: | Standard | Application Received: | 11/05/2014 |

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 53 year old with an injury date on 12/20/07. Patient complains of low lumbar pain with left lower extremity pain/numbness, and improved cervical/upper extremities after ACF from May 2011 per 8/20/14 report. Patient has failed NSAIDs, Fentanyl, and Lidoderm, and is currently taking Nucynta and Norco per 8/20/14 report. Based on the 8/20/14 progress report provided by the treating physician, the diagnoses are: 1. lower back pain; 2. lumbar radiculopathy; 3. Sciatica; 4. cervical radiculopathy; 5. cervical disc displacement/rupture; 6. Cervicalgia; 7. shoulder, internal derangement; 8. shoulder pain (arthralgia). Exam on 8/20/14 showed "limited C-spine range of motion. Straight leg raise positive in left lower extremity causing back pain." No range of motion testing was found for the lumbar. Patient's treatment history includes medications, physical therapy, shoulder arthroscopy from July 2006, MVA from December 2007 (rear-ended with lumbar pain/radiculopathy), epidural steroid injection at L4-5, L5-S1 on 4/28/14 that gave 70% relief. The treating physician is requesting Nucynta ER 200mg BID #60, and Norco 10/325mg 2 TYD #180. The utilization review determination being challenged is dated 11/4/14. The requesting physician provided treatment reports from 3//5/14 to 9/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg BID #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, medication for chronic pain Page(s): 88, 89, 76-78, 60, 61.

Decision rationale: This patient presents with lower back pain, left lower extremity pain, neck pain, pain in upper extremities. The treating physician has asked for NUCYNTA ER 200mg BID #60 on 8/20/14. Patient has been taking Nucynta since 3/5/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Nucynta, stating "pain remains well managed with Nucynta" per 9/17/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument. Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Prior urine toxicology reports have been "consistent with prior medication" per 9/17/14 report but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is that the request is not medically necessary.

Norco 10/325mg 2 TID #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids, medication for chronic pain Page(s): 88, 89, 76-78, 60, 61.

Decision rationale: This patient presents with lower back pain, left lower extremity pain, neck pain, pain in upper extremities. The treating physician has asked for Norco 10/325mg 2 TID #180 on 8/20/14. Patient has been taking Norco since 3/5/14 report. For chronic opioids use, MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. In this case, the treating physician indicates a decrease in pain with current medications which include Norco, stating "pain remains well managed with...Norco" per 9/17/14 report. But there is no discussion of this medication's efficacy in terms of functional improvement using numerical scale or validated instrument.

Quality of life change, or increase in specific activities of daily living is not discussed. There is no discussion of return to work or change in work status attributed to the use of opiate. Prior urine toxicology reports have been "consistent with prior medication" per 9/17/14 report but no other aberrant behavior monitoring is provided such as CURES report. Given the lack of sufficient documentation regarding chronic opiates management as required by MTUS, a slow taper off the medication is recommended at this time. Recommendation is that the request is not medically necessary.