

Case Number:	CM14-0213457		
Date Assigned:	01/07/2015	Date of Injury:	10/31/2006
Decision Date:	02/24/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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: Tennessee, Mississippi
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 37-year-old female with a 10/31/06 date of injury. The injury occurred when she slipped in mud and fell on her buttocks. According to a progress report dated 11/4/14, the patient was status post a prednisone oral taper for lumbar radicular pain flare up. She was now back to her baseline level of pain and needed refills on her pain medications. Her pain was in the lumbar axial and right S1 distribution. Objective findings: decreased strength in bilateral lower extremities (4/5 throughout) due to pain, decreased sensation in right L5/S1 distribution. Diagnostic impression: lumbosacral radiculopathy. Treatment to date: medication management, activity modification, bilateral sacroiliac joint injections, spinal cord stimulator trial (2/2/09), L5-S1 laminoforaminotomy (3/13/08). A UR decision dated 11/20/14 modified the requests for Nucynta 100mg #60 with 2 refills to certify Nucynta 100mg #60 with zero refills for weaning purposes and Avinza 90mg #15 with 2 refills to certify Avinza 90mg #15 with zero refills for weaning purposes and denied the request for Flector patch. Regarding Nucynta and Avinza, there is no VAS quantification of pain, with and without medications. There is no documented symptomatic or functional improvement from previous usage. Regarding Flector patch, There is no documentation of the patient's intolerance of these or similar medications to be taken on an oral basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg #120 with 2 refills: 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

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

Decision rationale: CA MTUS does not address this issue. Nucynta (Tapentadol) is recommended as second-line therapy for patients who develop intolerable adverse effects with first-line opioids. Tapentadol is a new centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. 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, so if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be recommended as a second-line choice. However, in the present case, there is no documentation that this patient has failed treatment with a first-line opioid medication. In addition, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. Furthermore, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, a recent urine drug screen, or CURES monitoring. Therefore, the request for Nucynta 100mg #120 with 2 refills was not medically necessary.

Flector patch 1.3% #60 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 NSAIDS Page(s): 111-112. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter - Flector Patch. Other Medical Treatment Guideline or Medical Evidence: FDA (Flector Patch).

Decision rationale: CA MTUS states that topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period. In addition, FDA indications for Flector patches include acute strains, sprains, and contusions. ODG states Flector patches are not recommended as a first-line treatment, but recommended as an option for patients at risk of adverse effects from oral NSAIDs. However, in the present case, this patient has a 2006 date of injury, and Flector patches are only indicated for acute pain. In addition, there is no documentation that this patient has a diagnosis of osteoarthritis. Furthermore, there is no documentation that this patient has had a trial and failed oral NSAIDs or is unable to tolerate

oral medications. Therefore, the request for Flector patch 1.3% #60 with 2 refills was not medically necessary.

Avinza 90mg #15 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, a recent urine drug screen, or CURES monitoring. Furthermore, given the 2006 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Avinza 90mg #15 with 2 refills was not medically necessary.