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| Case Number: | CM14-0213838 | | |
| Date Assigned: | 12/31/2014 | Date of Injury: | 10/10/2006 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/22/2014 |

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. 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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 55 year old male with an injury date on 10/10/2006. Based on the 11/07/2014 progress report provided by the treating physician, the diagnoses are: 1.Right paracentral disc extrusion at L4-L5 measuring 13 mm that impinges on the right L5 nerve root. 2. Central disc protrusion at L5-S1 measuring 2 mm 3. Fluid in the bilateral L4-L5 facet joints 4.Lumbar facet joint arthropathy from L3 through SI 5.Lumbar degenerative disc disease. According to this report, the patient complains of "low back pain radiating to the right posterior thigh. The patient reports aggravated low back pain and right lower extremity radicular symptoms. The patient rates pain at 7/10 on visual analog scale." Prolonged sitting, driving, and lying down would exacerbate the pain. Exam of the lumbar spine indicates range of motion is restricted by pain in all directions. Lumbar discogenic provocative maneuver is positive. Muscle strength of the right extensor hallucis longus muscle is a 4+/5. The treatment plan is to request for a repeat TESI of right L4-L5 and L5-S1, medications, in-office random 12-panel urine drug screen, and return for a follow-up visit in 6 week. The patient's work status is "Full-time, full-duty. The patient remains permanent and stationary with future medical treatment." There were no other significant findings noted on this report. The utilization review denied the request for Morphine Sulfate IR #150 with 2 refills and Nucynta #60 with refills on 11/26/2014 based on the MTUS guidelines. The requesting physician provided treatment reports from 05/16/2014 to 12/19/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine Sulfate IR (MSIR) 5mg quantity 150 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Medication for chronic pain.CRITERIA FOR USE OF OPIOIDS.CRITERIA FOR USE OF OPIOIDS. Page(.

Decision rationale: According to the 11/07/2014 report, this patient presents with 7/10 low back pain radiating to the right posterior thigh. The current request is for Morphine Sulfate IR (MSIR) 5mg quantity 150 with 2 refills. This medication was first mentioned in the 07/11/2014 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 reviewing the medical reports provided, the treating physician document that "the MSIR meets the MTUS and ODG guidelines as it provides 90% decrease of the patient's breakthrough pain with 90% improvement of the patient's activities of daily living such as self- care and dressing. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication. The patient's Oswestry Disability Index score is a 10 (20% disability) with the use of morphine sulfate IR, while the patient's Oswestry Disability Index score is 23 (46% disability) without the use of the morphine sulfate IR."In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Nucynta ER 150mg quantity 60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic pain, criteria for use of opioids Page(s): 60, 61, 76-78, 88, 89.

Decision rationale: According to the 11/07/2014 report, this patient presents with 7/10 low back pain radiating to the right posterior thigh. The current request is for Nucynta ER 150mg quantity 60 with 2 refills. This medication was first mentioned in the 02/08/2013 report; it is unknown exactly when the patient initially started taking this medication. For chronic opiate 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 4A's (analgesia, ADLs, adverse side effects, and aberrant 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 reviewing the medical reports provided, the treating physician document that "the Nucynta meets the MTUS and ODG guidelines as it provides 60% decrease of the patient's around the clock pain with 60% improvement of the patient's activities of daily living such as self-care and dressing. The patient is on an up-to-date pain contract and the patient's previous UDS was consistent. The medication has no adverse effects on the patient. The patient shows no aberrant behavior with this medication. The patient's Oswestry Disability Index score is a 10 (20% disability) with the use of Nucynta ER, while the patient's Oswestry Disability Index score is 23 (46% disability) without the use of the Nucynta ER."In this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. Therefore, the current request IS medically necessary.