

Case Number:	CM14-0218914		
Date Assigned:	01/09/2015	Date of Injury:	08/03/2008
Decision Date:	03/09/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	12/30/2014

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: Pennsylvania
 Certification(s)/Specialty: Internal Medicine

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 injured worker (IW) is a 49 year old female who sustained an industrial injury on 08/03/2008. She has reported chronic pain because of her work-related injury. The diagnoses have included cervical and lumbar radiculopathy, lumbar degenerative disc disease, and cervical and shoulder joint pain. Additional diagnoses include gastroesophageal reflux disease, irritable bowel syndrome, hypertension, sleep disorder, obstructive sleep apnea, depression, and weight gain. Treatment to date has included cervical collar, spinal cord stimulator, medication, consultations, intra-articular steroid injections, chiropractic treatment, physical therapy, and exercises. Surgeries include arthroscopy of bilateral knees, left carpal tunnel release, lumbar surgery, and left ulnar transposition. Work status was noted in the records as maximal medical improvement, under future care, and on SSI/disability. A pain management physician's progress note of 6/23/14 notes that lyrica helps but had not been completely controlling neuropathic pain. Allergies were noted as 'Percocet causes vomiting, Tylenol with codeine, morphine.' Progress notes indicate the injured worker has been prescribed lyrica from at least June 2014 to December 2014. The injured worker had also been prescribed Cymbalta and clonazepam by a psychiatrist for depression, and additional medications for medical conditions by an internal medicine physician. Currently, the IW complains of back, neck and shoulder blade pain, and notes that every time she does any type of housework she gets severe pain mainly in the neck and shoulder area. Physical examination on 12/14/14 showed pain in the cervical spine when the neck is flexed and extended, with pain on palpation of lumbar facets at L3-S1 and over the intervertebral spaces. The injured worker was using a cane and a lumbar brace. The physician documented plan

for monitoring during opioid use including use of pain agreement, monitoring for adverse effects and compliance including use of urine drug screens, and assessment of response. Treatment plan included requests for pool therapy, trial of Nucynta and prescription for Lyrica. On 12/19/2014 Utilization Review modified the request for Nucynta 50mg #90 to Nucynta 50mg #60 and Lyrica 100mg #60 (refills x3) to Lyrica 100mg #60 (refills x2). The MTUS Guidelines and ODG were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): p. 74-96. Decision based on Non-MTUS Citation chronic pain chapter: tapentadol (Nucynta) pdr.net 2015: nucynta

Decision rationale: The MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, and opioid contract. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There should be a prior failure of non-opioid therapy. The injured worker has had chronic pain which has been treated with non-opioid medication for at least 6 months. The physician has documented use of an opioid contract and monitoring for aberrant drug-taking behaviors including random drug screens; however, no functional goals were documented. The ODG states nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has been noted to cause significant respiratory depression and may cause serotonin syndrome with concurrent use of serotonergic drugs such as Cymbalta, a serotonin-norepinephrine reuptake inhibitor which the injured worker is also prescribed. The injured worker has a diagnosis of obstructive sleep apnea; nucynta may increase the risk for respiratory depression in this setting. It may have additive effects with other central nervous system depressants; the injured worker is also prescribed lyrica, which has been noted to cause central nervous system depression. Due to the lack of functional goals and potential for toxicity, the request for nucynta 50 mg #90 is not medically necessary.

Lyrica 100mg #60 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-epilepsy Drugs.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines pregabalin (lyrica) p. 99antiepilepsy drugs (AEDs) p. 16-20 Page(s): 99, 16-20.

Decision rationale: Per the MTUS, antiepilepsy drugs (AEDs) are recommended for neuropathic pain. Lyrica has been documented to be effective and FDA approved in treatment of diabetic neuropathy, postherpetic neuralgia, and fibromyalgia. Multiple side effects are noted including central nervous system depression, somnolence, and weight gain. The injured worker has also been prescribed nucynta, which also has been noted to cause central nervous system depression. She has a diagnosis of obstructive sleep apnea; as lyrica has been noted to cause somnolence and central nervous system depression, the use of lyrica may lead to respiratory depression. The MTUS notes that it has been suggested that this drug be avoided if the patient has a problem with weight gain, and the documentation notes a diagnosis of weight gain in this injured worker. The records indicate the injured worker has been prescribed lyrica for at least 6 months. The physician documented that lyrica helped but had not been completely controlling neuropathic pain. There was no discussion of functional improvement as a result of use of lyrica; specifically there was no mention of specific improvement in activities of daily living, and office visits continue at the same frequency of approximately monthly with the pain management physician. At the most recent visit, opioid medication was prescribed due to severe pain interfering with her ability to do housework. Due to the lack of functional improvement as a result of treatment with lyrica as well as the potential for toxicity, the request for lyrica 100 mg #60 with three refills is not medically necessary.