

Case Number:	CM15-0002522		
Date Assigned:	01/13/2015	Date of Injury:	04/09/2003
Decision Date:	03/13/2015	UR Denial Date:	12/25/2014
Priority:	Standard	Application Received:	01/06/2015

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 injured worker is a 47 year old female who sustained an industrial injury on 4/9/2003. She has reported low back pain. The diagnoses have included lumbosacral spondylosis and femur fracture. Treatment to date has included rod insertion into the femur and 2 failed simulator trials, physical therapy, medication management, medial branch block, facet branch block, implantation, removal of a spinal cord stimulator and activity modification. Currently, the Injured Worker complains of ongoing back pain with radicular symptoms into the right leg. The treatment plan included Venlafaxine Hcl-ER 75 mg#14 every night as needed, Norco 10/325mg-2 tablets 4x daily #224 and Nucynta ER 100 mg 1-2 tablets as needed for 14 days #60. On 12/23/2014, Utilization Review modified the Norco from #224 to #28, Venlafaxine Hcl-ER from #14 to #7 for the purpose of weaning while Cymbalta is initiated; noting the adverse effects the injured worker reported and certified Cymbalta. The Nucynta is noncertified, noting the lack of medical necessity. The MTUS, ACOEM Guidelines, (or ODG) was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Venlafaxine ER 75mg Capsule (1 tablet every night as needed): Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants medications Page(s): 13-15.

Decision rationale: According to the 12/16/2014 report, this patient presents with low back and leg pain. The current request is for Venlafaxine ER 75 mg capsules (1 tablet every night as needed). This medication was first mentioned in the 05/07/2014 report; it is unknown exactly when the patient initially started taking this medication. For Venlafaxine, the MTUS Guidelines states, Venlafaxine (Effexor): FDA-approved for anxiety, depression, panic disorder and social phobias, off-label use for fibromyalgia, neuropathic pain, and diabetic neuropathy. In reviewing the provided reports, the treating physician states that the patient cry less recently with the use of Venlafaxine and noted approximately a 30% improvement in her pain with use of medications. In this case, the patient is prescribed this medication probable depression and neuropathic pain and the treating physician documented the efficacy of the medication as required by the MTUS guidelines. Therefore, the current request IS medically necessary.

Norco 10/325mg Tablet (2 tablets 4 times daily as needed): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 60-61, 76-78, 88-90.

Decision rationale: According to the 12/16/2014 report, this patient presents with low back and leg pain. The current request is for Norco 10/325mg tablet (2 tablets every 4 hours daily as needed). This medication was first mentioned in the 05/07/2014 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. Per treating physician, the patient's urine drug screen and CURES reports are consistent. The treating physician documented: ADL: The patient is able to perform household chores including cooking and cleaning, vacuuming; etc. With the medication, she is able to perform these activities. Her functional goal is to be able to perform her activities of daily living, which she is meeting. ANALGESIA: Overall, she notes approximately a 30% improvement in her pain with use of medications. ABERRANT DRUG BEHAVIOR: None, ADVERSE EVENTS: None, in this case, the treating physician's report shows proper documentation of the four A's as required by the MTUS guidelines. However, the request is for Norco 10/325mg tablet (2 tablets every 4 hours daily as needed) which exceed the maximum dose of 60mg/24 hours for Hydrocodone per MTUS page 90. Therefore, the current request IS NOT medically necessary.

Nucynta ER 100mg Tablet (1-2 tablets 2 times as day a needed for 14 days): Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Nucynta

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS Medications for chronic pain Page(s): 60-61, 76-78, 88-89.

Decision rationale: According to the 12/16/2014 report, this patient presents with low back and leg pain. The current request is for Nucynta ER 100 mg tablets (1-2 tablets, 2times a day as needed for 14 days). This medication was first mentioned in this report. 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. Per treating physician, the patient's urine drug screen and CURES reports are consistent. The treating physician documented: ADL: The patient is able to perform household chores including cooking and cleaning, vacuuming; etc. With the medication, she is able to perform these activities. Her functional goal is to be able to perform her activities of daily living, which she is meeting. ANALGESIA: Overall, she notes approximately a 30% improvement in her pain with use of medications. ABERRANT DRUG BEHAVIOR: None. ADVERSE EVENTS: None, 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 necessary.