

Case Number:	CM15-0008133		
Date Assigned:	01/23/2015	Date of Injury:	08/22/2011
Decision Date:	03/18/2015	UR Denial Date:	12/26/2014
Priority:	Standard	Application Received:	01/14/2015

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 50 year old male, who sustained an industrial injury on 08/22/2011. The diagnoses have included shoulder pain, cervicgia, pain of cervical facet joint, headache, myalgia and myositis, lumbago, degeneration of lumbar or lumbosacral intervertebral disc, thoracic or lumbosacral neuritis or radiculitis, and chronic pain syndrome. Treatments to date have included H-wave, physical therapy, and medications. Diagnostics to date have included left knee MRI on 11/19/2014 which showed a partial thickness oblique tear of the posterior horn medial meniscus extending to the white zone at the inferior articular surface, subtle area of low grade chondromalacia at the femoral trochlear cartilage, and small knee joint effusion. A right knee MRI dated 11/20/2014 showed a low grade strain of the medial collateral ligament and a small joint effusion. In a progress note dated 12/19/2014, the injured worker presented with complaints of neck, left shoulder, bilateral knees, and low back pain. The treating physician reported the low back and left shoulder are stable and will continue with medication management. Utilization Review determination on 12/26/2014 non-certified the request for Nucynta ER 100mg Tablets 1 Tablet Every 12 Hours Quantity: 60.00 and Lyrica 100mg Capsules 1 Capsule 3 times daily Quantity: 90.00 citing Medical Treatment Utilization Schedule and Official Disability Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg # 60: 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 Chapter

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

Decision rationale: The patient presents with pain and weakness in multiple body parts, including his neck, left shoulder, lower back, bilateral knees and extremities. The request is for NUCYNTA ER 100MG #60. The patient is currently taking Celebrex, Nucynta, Prilosec, Lyrica and Norco. The patient has been utilizing Nucynta since at least 06/26/14. The results of urine drug screens performed on 06/26/14, 07/24/14 and 11/20/14 are provided. The 11/20/14 progress report states that "his pain as 7-8/10 without pain medication and 6-7/10 with pain medication. His pain is better with the medications." The utilization review letter on 12/26/14 denied the requested Nucynta, stating not document that the patient has developed intolerable adverse effects with first line opioid therapy "Norco is also prescribed--." Regarding work status, the treater simply states that TTD per surgeon. Regarding chronic opiate use, MTUS guidelines page 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 treater provides drug screening reports. However, there are documentations which specifically discuss all 4As --analgesia, ADLs, adverse side effects, and adverse behavior--. There are no before and after pain scales showing analgesia; specific ADL's or use of validated instruments showing significant functional improvements. No outcome measures are provided as required by MTUS. Therefore, the request IS NOT medically necessary and should be slowly tapered per MTUS.

Lyrica 100mg # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AED's Page(s): 19-20, 99.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs; Pregabalin --Lyrica Page(s): 19-20.

Decision rationale: The patient presents with pain and weakness in multiple body parts, including his neck, left shoulder, lower back, bilateral knees and extremities. The request is for LYRICA 100MG #90. The patient has been utilizing Lyrica since at least 06/26/14. None of the reports discuss efficacy of this medication. MTUS guidelines page 19-20 have the following regarding Lyrica: "Pregabalin --Lyrica, no generic available-- has been documented to be effective in treatment of diabetic neuropathy and postherpetic neuralgia, has FDA approval for

both indications, and is considered first-line treatment for both." It further states "Weaning: Do not discontinue Pregabalin abruptly and weaning should occur over a one-week period. Withdrawal effects have been reported after abrupt discontinuation." In this case, this patient has been using this medication for over 6 months with no documentation of its efficacy in terms of pain reduction and functional improvement. The treater states pain reduction from 7-8/10 to 6-7/10 with use of medication. The treater does not specify Lyrica and reduction by one point from 0-10 scale does not appear significant. MTUS page 60 require recording of pain and function when medications are used for chronic pain. The request IS NOT medically necessary.