

Case Number:	CM15-0100279		
Date Assigned:	06/02/2015	Date of Injury:	09/19/2011
Decision Date:	06/30/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/26/2015

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: New York, Pennsylvania, Washington
 Certification(s)/Specialty: Internal Medicine, Geriatric 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 is a 38 year old male who sustained an industrial injury on 09/19/2011. Diagnoses include low back pain, bilateral lower extremity pain with evidence of right L5 to S1 radiculopathy on electrodiagnostic studies, lumbar degenerative disc disease status post Global fusion at L4 to S1 on 09/13/2012, chronic pain syndrome, failed back syndrome, depressive disorder, and chronic insomnia related to pain. Treatment to date has included diagnostic studies, medications, trial spinal cord stimulator, physical therapy, aquatic therapy, and use of a cane. A physician progress note dated 05/11/2015 documents the injured worker continues to complain of chronic low back pain, bilateral knee pain and bilateral ankle pain. Pain is described as aching, burning with numbness in his legs. He rates the pain as 9 out of 10 without medications, and 5 out of 10 with medications. He ambulates with a cane and a forward flexed trunk with an antalgic gait. Straight leg raising is positive bilaterally. There is decreased light touch on the left L5-S1 dermatomal distribution. There is documentation that a urine drug screen was done on 04/14/2015 and results were consistent with current medication he is being prescribed. He has an Opioid Agreement with his physician. His medication helps with the pain but he is tired of dealing with the pain. He had a trial of a spinal cord stimulator with good results. The treatment plan includes a lumbar Magnetic Resonance Imaging with and without contrast, and permanent implantation of a spinal cord stimulator. Treatment requested is for Norco 10/325mg #60 and Nucynta 200mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: Per the guidelines, in opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD visit fails to document any significant improvement in pain, functional status or a discussion of side effects specifically related to opioids to justify use per the guidelines. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Norco is not substantiated in the records. The request is not medically necessary.

Nucynta 200mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids for Chronic Pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 75. Decision based on Non-MTUS Citation Uptodate: overview of the treatment of chronic pain and nucynta drug information.

Decision rationale: Nucynta is a centrally acting analgesic and these are an emerging fourth class of opiate analgesic that may be used to treat chronic pain. The MD visit fails to document a discussion of efficacy with regards to pain and function or side effects to justify use of this class of medications. The medical necessity of nucynta is not substantiated in the records. The request is not medically necessary.