

Case Number:	CM15-0011482		
Date Assigned:	01/29/2015	Date of Injury:	09/05/2007
Decision Date:	03/25/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/21/2015

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:

This 56 year old female sustained a work related injury on 09/05/2007. According to a progress report dated 12/11/2014, there were no major changes in low back and bilateral leg pain. The left knee had been quite painful. Medications were noted to be working well. The Nucynta IR caused some sedation. She also complained of poor sleep quality due to pain. Medication regimen included Aciphex, Celebrex, Coenzyme Q10, Gabapentin, Levothyroxine, Nucynta, Nucynta ER, Prozac, Ranitidine, Simvastatin and Voltaren Gel. Diagnoses included degenerative lumbar lumbosacral intervertebral disc, thoracic/lumbosacral neuritis/radiculitis, postlaminectomy syndrome lumbar region, lumbago, myalgia and myositis, disorders of the sacrum, spasm of muscle and displacement lumbar disc without myelopathy. Medications failed and tried were noted as not applicable. On 01/13/2015, Utilization Review non-certified Nucynta ER 150mg #60. According to the Utilization Review physician, there was no documentation of the injured worker's intolerance to first line opioids. The medication was modified on 09/23/2014, which should have provided ample time to initiate a weaning process. Guidelines cited included Official Disability Guidelines, Pain (Chronic). The decision was appealed for an Independent Medical Review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150mg #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: Integrated Treatment/Duration Disability Guidelines Pain (chronic)

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

Decision rationale: This patient presents with axial low back pain, leg pain and neck pain with no neurological deficits. The current request is for NUCYNTA ER 150MG #60. For chronic opioid use, the MTUS Guidelines pages 88 and 89 state, "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, ADL's, 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. This patient has been utilizing Nucynta since at least 7/8/14. Progress reports continually documented the patient's average pain and functional level, which range from 7-9/10. Progress report dated 12/11/14 states that medications work well and the patient has some sedation with Nucynta IR. The last Urine Drug screen was done on 10/21/13. Each report is ended with the statement that the "4A's are discussed and documented." In this case, recommendation for further use of Nucynta cannot be supported as there are no discussions regarding specific functional improvement, changes in ADL's or change in work status to document significant functional improvement. There also has been no recent Urine drug screening to monitor for compliance. The treating physician has failed to document the minimal requirements of documentation that are outlined in MTUS for continued opiate use. The requested Nucynta IS NOT medically necessary and recommendation is for slow weaning per MTUS.