

Case Number:	CM15-0015840		
Date Assigned:	02/03/2015	Date of Injury:	07/19/2013
Decision Date:	03/27/2015	UR Denial Date:	01/05/2015
Priority:	Standard	Application Received:	01/27/2015

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 41-year-old female who sustained an industrial related injury on 7/19/13 after pulling cardboard boxes out of a baler. The injured worker had complaints of neck, left shoulder, and low back pain. Intermittent numbness and weakness in the left shoulder and left lower extremity was also noted. Diagnoses included low back pain, lumbar radiculitis, neck pain, lumbar discogenic pain, cervical discogenic pain, cervical facet pain, left shoulder pain, myofascial pain, thoracic pain, thoracic discogenic pain, chronic pain syndrome, and carpal tunnel syndrome. Treatment included acupuncture and physical therapy. Medications included Ibuprofen, Amrix, Nucynta ER and Amitriptyline. The treating physician requested authorization for Nucynta ER 100mg #60, Nucynta 50mg #120, and Amrix 15mg #30. On 1/5/15, the request was non-certified. Regarding Nucynta, the utilization review (UR) cited the Medical Treatment Utilization Schedule (MTUS) guidelines and noted the clinical documentation failed to indicate significant functional improvement with the medication as the injured worker complained of pain rated 9/10. Regarding Amrix, the UR physician cited the MTUS guidelines and noted the injured worker had been utilizing the medication for an extended period of time, which exceeds the guidelines recommendations of short term use. Therefore the requests were non-certified.

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: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 76, 78.

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 her neck, left shoulder, lower back and extremities. The request is for NUCYNTA ER 100MG #60. The patient is currently taking Ibuprofen, Amitriptyline, Amirix, Nucynta ER and Nucynta IR. The patient is taking Nucynta ER for chronic pain and Nucynta IR for breakthrough pain. The patient has been utilizing this medication since at least 07/15/14. The patient's work status is unknown. The utilization review letter on 01/05/15 modified the request of Nucynta ER 100mg #60 to #30 for weaning. Regarding chronic opiate use, MTUS guidelines page 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. Per 12/18/14 progress report, "the patient can do things like brush her hair, cook and shower with the help of the medications. She can walk go for short walks with the help of her medications. She feels her medications improve her quality of life and allow her to complete her ADLs. She rates the patient as 10/10 without medications and 9/10 with medications. There is no aberrant behavior. The patient signed an opioid contract." In this case, the treater provides pain scales, discusses specific ADLs, and mentions side-effects/aberrant behavior. In addition, the patient has an opioid contract on file. However, there are no urine drug screens provided for review. It is unclear if the patient is consistent with his medications. Finally, pain reduction from 10/10 to 9/10 is not significant. While the treater argues that the patient is able to perform ADL's, based on the patient's chronic pain condition, there does not appear to be a reason why the patient would not be able to perform basic ADL's even without chronic opiate use. Therefore, the request IS NOT medically necessary and the patient should slowly be weaned as outlined in MTUS guidelines.

Amrix 15mg, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): (s) 83-84.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants Page(s): 63-66.

Decision rationale: The patient presents with pain and weakness in her neck, left shoulder, lower back and extremities. The request is for AMRIX 15MG #30. MTUS guidelines page 63-66 states: "Muscle relaxants for pain: Recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic

LBP. The most commonly prescribed antispasmodic agents are carisoprodol, cyclobenzaprine, metaxalone, and methocarbamol, but despite their popularity, skeletal muscle relaxants should not be the primary drug class of choice for musculoskeletal conditions. Cyclobenzaprine -- Flexeril, Amrix, Fexmid, generic available--: Recommended for a short course of therapy." In this case, this patient started utilizing Amrix between 10/22/14 and 11/20/14. Although the treater discusses this medication's efficacy, stating she feels it really helps control her muscle spasms, the treater does not indicate that this medication is to be used for a short-term and there is no documentation of any flare-up's. MTUS guidelines allow no more than 2-3 weeks of muscle relaxants to address flare-up's. The request IS NOT medically necessary.

Nucynta 50mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): (s) 76, 78.

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 her neck, left shoulder, lower back and extremities. The request is for NUCYNTA 50MG #120. The patient is currently taking Ibuprofen, Amitriptyline, Amirix, Nucynta ER and Nucynta IR. The patient is taking Nucynta ER for chronic pain and Nucynta IR for breakthrough pain. The patient has been utilizing this medication since at least 07/15/14. The patient's work statue is unknown. The utilization review letter on 01/05/15 modified the request of Nucynta 50mg #120 to #60 for weaning. 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. Per 12/18/14 progress report , "the patient can do things like brush her hair, cook and shower with the help of the medications. She can walk go for short walks with the help of her medications. She feels her medications improve her quality of life and allow her to complete her ADLs. She rates the patient as 10/10 without medications and 9/10 with medications. There is no aberrant behavior. The patient signed an opioid contract."In this case, the treater provides pain scales, discusses specific ADL's, and mentions side-effects/aberrant behavior. In addition, the patient has an opioid contract on file. However, there are no urine drug screens provided for review. It is unclear if the patient is consistent with his medications. Finally, pain reduction from 10/10 to 9/10 is not significant. While the treater argues that the patient is able to perform ADL's, based on the patient's chronic pain condition, there does not appear to a reason why the patient would not be able to perform basic ADL's even without chronic opiate use. Therefore, the request IS NOT medically necessary and the patient should slowly be weaned as outlined in MTUS guidelines.