

Case Number:	CM15-0111248		
Date Assigned:	06/18/2015	Date of Injury:	10/01/1999
Decision Date:	08/11/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/09/2015

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: Family Practice

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 62 year old woman sustained an industrial injury on 10/1/1999. The mechanism of injury is not detailed. Evaluations include lumbar spine CT scans dated 3/12/2012 and 7/7/2014. Diagnoses include degenerative lumbosacral intervertebral disc disease, lumbosacral spondylosis without myelopathy, lumbar post-laminectomy syndrome, lumbago, spasm of muscle, thoracic/lumbosacral radiculitis, and sacroiliitis. Treatment has included oral medications. Physician notes dated 4/15/2015 show complaints of low back pain with bilateral lower extremity pain. Recommendations include increase Nucynta, hold Lyrica, decrease Oxycontin, Oxycodone, Celebrex, trial Gralise, Lorzone, continue home exercise program, urine drug screen, hold authorizations for lumbar transforaminal epidural steroid injection per CT, continue acupuncture, and follow up in one to two months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 200mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Chapter: Pain/Chronic Section: Tapentadol (Nucynta).

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines do not comment on the use of Nucynta (tapentadol); however, the Official Disability Guidelines provide the following comments on this medication. Nucynta is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. Three large RCTs concluded that tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations. Tapentadol is a centrally acting oral analgesic. It has two mechanisms of action, combining mu-opioid receptor agonism and norepinephrine reuptake inhibition. Nucynta (tapentadol) was made a Schedule II controlled substance. Nucynta may be abused by crushing, chewing, snorting or injecting the product. These practices pose a significant risk to the abuser that could result in overdose and death. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone; if patients on OxyIR complain of constipation, nausea, and/or vomiting, Nucynta might be considered as a second-line choice. In this case, based on the records, there is no documented evidence of intolerable adverse side effects with first line opioids. As noted in the above cited ODG guidelines, Nucynta is only recommended as a second line treatment. Given the insufficient evidence in support of the use of this medication, Nucynta ER is not considered as a medically necessary treatment.

Oxycodone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 80.

Decision rationale: The MTUS/Chronic Pain Medical Treatment Guidelines comment on the long-term use of opioids, including Oxycodone. These guidelines have established criteria on the use of opioids for the ongoing management of pain. Actions should include: prescriptions from a single practitioner and from a single pharmacy. The lowest possible dose should be prescribed to improve pain and function. There should be an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. Pain assessment should include: current pain, the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. There should be evidence of documentation of the 4 A's for Ongoing Monitoring. These four domains include: pain relief, side effects, physical and psychological functioning, and the occurrence of any potentially aberrant drug-related behaviors. Further, there should be consideration of a consultation with a multidisciplinary pain clinic if

doses of opioids are required beyond what is usually required for the condition or pain that does not improve on opioids in 3 months. There should be consideration of an addiction medicine consult if there is evidence of substance misuse (Pages 76-78). Finally, the guidelines indicate that for chronic back pain, the long-term efficacy of opioids is unclear. Failure to respond to a time-limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy (Page 80). Based on the review of the medical records, there is insufficient documentation in support of these stated MTUS/Chronic Pain Medical Treatment Guidelines for the ongoing use of opioids. There is insufficient documentation of the 4 A's for Ongoing Monitoring. The treatment course of opioids in this patient has extended well beyond the timeframe required for a reassessment of therapy. In summary, there is insufficient documentation to support the chronic use of an opioid in this patient. Treatment with Oxycodone is not considered as medically necessary. In the Utilization Review process, the request for Oxycodone was modified to facilitate weaning. This action is consistent with the above cited MTUS guidelines.

Lorzone 750mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 64-66.

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

Decision rationale: The MTUS/Chronic Pain Medical Treatment guidelines comment on the use of muscle relaxants, including Lorzone, as a treatment modality. These MTUS guidelines recommend non-sedating muscle relaxants with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. Muscle relaxants may be effective in reducing pain and muscle tension, and increasing mobility. However, in most LBP cases, they show no benefit beyond NSAIDs in pain and overall improvement. Also there is no additional benefit shown in combination with NSAIDs. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. In this case, the records indicate that Lorzone is being used as a long-term treatment strategy. Further, that Lorzone is being used in combination with a chronic NSAID. As noted in the above cited MTUS guidelines, only short-term use is recommended. Further, there is no additional benefit shown in combination with an NSAID. For these reasons, Lorzone is not considered as medically necessary.