MAXIMUS Federal Services

Case Number:	CM15-0120647		
Date Assigned:	07/01/2015	Date of Injury:	09/21/2001
Decision Date:	09/03/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/22/2015

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
Certification(s)/Specialty: Anesthesiology

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 53-year-old female, who sustained an industrial injury on September 21, 2001 while working as an x-ray technician. The injured worker was assaulted by a patient. The injured worker has been treated for low back and left shoulder complaints. The diagnoses have included lumbar spine degenerative disc disease, post lumbar laminectomy syndrome, chronic lumbar radiculopathy, headache/facial pain and major depressive disorder. Treatment to date has included medications, radiological studies, MRI, spinal cord stimulator implantation, epidural steroid injections, acupuncture treatments, individual psychotherapy sessions, home exercise program, two lumbar spine surgeries and two left rotator cuff surgeries. Work status was noted to be permanent and stationary. Current documentation dated April 30, 2015 notes that the injured worker reported low back pain rated at a 7/10 on the visual analogue scale with medication and a 10/10 without medication. No new problems or side effects were noted. The injured workers quality of sleep was noted to be poor. Examination of the lumbar spine revealed tenderness to palpation, spasms and tight muscle bands on both sides. A straight leg raise test was positive bilaterally. Trigger point with radiating pain and twitch response on palpation at the lumbar paraspinal muscles was noted bilaterally. The injured worker ambulated with a slow antalgic gait. The treating physician's plan of care included requests for Nucynta 100 mg # 120 with 1 refill, Nucynta ER 100 mg # 60 with 1 refill and 1 trigger point injection to the left quadratus lumborum.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100mg, #120 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Long-term Users of Opioids (6-months or more); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. Central analgesics drugs such as Nucynta are reported to be effective in managing neuropathic pain. The MTUS guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. The medical records indicate the injured worker had been taking Nucynta for pain since July of 2011. The injured workers pain levels continue to be unchanged and there is lack of significant functional improvement as a result of long-term use. The request for Nucynta 100 mg # 120 with 1 refill is not medically necessary.

Nucynta ER (extended release) 100mg, #60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Long-term Users of Opioids (6-months or more); Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines state that central acting analgesics may be used to treat chronic pain. Central analgesics drugs such as Nucynta are reported to be effective in managing neuropathic pain. The MTUS guidelines discourage long-term usage unless there is evidence of ongoing review and documentation of pain relief, functional status and appropriate medication use. Pain assessment should include: current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. A satisfactory response to treatment may be indicated by the injured worker's decreased pain level, increased level of function or improved quality of life. The medical records indicate the injured worker has been taking Nucynta for pain since July of 2012. The injured workers pain levels continue to be unchanged and there is lack of

significant functional improvement as a result of long-term use. The request for Nucynta ER 100 mg # 60 with 1 refill is not medically necessary.

RETRO: One (1) trigger point injection to the left quadratus lumborum (DOS: 04/30/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for the use of Trigger point injections.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger points Page(s): 122.

Decision rationale: According to California MTUS Guidelines, trigger point injections with a local anesthetic may be recommended for the treatment of chronic low back or neck pain with myofascial pain syndrome when all of the following criteria are met: 1) Documentation of circumscribed trigger points with evidence upon palpation of a twitch response as well as referred pain; 2) Symptoms have persisted for more than three months; 3) Medical management therapies such as ongoing stretching exercises, physical therapy, NSAIDs and muscle relaxants have failed to control pain; 4) Radiculopathy is not present on exam; 5) Not more than 3-4 injections per session; 6) No repeat injections unless greater than 50% pain relief is obtained for six weeks after an injection and there is documented evidence of functional improvement; 7) Frequency should be at an interval less than 2 months; 8) Trigger point injections with any substance other than local anesthetic with or without steroid are not recommended. In this case, the trigger points were documented 1 month prior but the initial therapies were attempted to manage the symptoms. Medical necessity of the requested medication was not established in this case. The requested medication is not medically necessary.