

Case Number:	CM15-0123001		
Date Assigned:	07/07/2015	Date of Injury:	03/10/2008
Decision Date:	08/25/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/25/2015

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: Emergency 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 28-year-old female, who sustained an industrial injury on 03/10/2008. Medical records provided by the treating physician did not indicate the injured worker's mechanism of injury. The injured worker was diagnosed as having cervical pain and radiculopathy. Treatment and diagnostic studies to date has included medication regimen, magnetic resonance imaging of the right shoulder, status post radiofrequency neurolysis of the medial branch nerves bilaterally, Botox, magnetic resonance imaging of the cervical spine, electromyogram with nerve conduction velocity, and use of ice. In a progress note dated 06/24/2015 the treating physician reports complaints of aching, burning, pressure, sharp, throbbing, pinching, and deep pain to the cervical spine with radiculopathy to the bilateral arms along with associated symptoms of numbness, tingling, weakness, and headache. Examination reveals spasm to the right trapezius and supraspinatus muscles, decreased grip test, transient paresthesias to the bilateral upper extremities, impingement of the right shoulder, point tenderness to the mid thoracic spinous process, point tenderness to the parathoracic spinal musculature, and point tenderness to the parathoracic facet capsules, pain to palpation of the neck, pain with triggering, spasm to the neck region, pain with range of motion to the neck, positive Spurling's test to the right, positive foraminal compression testing on the right, pain with Valsalva to the right cervical region and to the thoracic region, pain with range of motion to the thoracic spine, and pain with palpation to the thoracic spinous processes. The injured worker's current medication regimen included Senna, Ondansetron, Nortriptyline, Colace, and Albuterol. The injured worker's pain level is rated a 6 on a scale of 1 to 10, but the documentation provided

did not indicate the injured worker's pain level as rated on a pain scale prior to use of her medication regimen and after use of her medication regimen to indicate the effects with the use of her current medication regimen. The treating physician noted that the injured worker had a 90% improvement with the use of her current medication regimen. The treating physician requested the medications of Nucynta 50mg two tablets by mouth twice a day with a quantity 120 with the treating physician noting that the injured worker failed to tolerate tapering off of this medication. The treating physician also requested the medications of Nortriptyline 25mg three pills at the hour of sleep with a quantity of 90 for 3 refills, Colace 250mg one pill twice a day for a quantity of 60 for 3 refills, and Senna 8.6mg two pills at the hour of sleep with a quantity of 100 with 3 refills with the treating physician noting current use of these medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg 2 by mouth twice a day #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

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

Decision rationale: The request is for Nucynta, the trade name for Tapentadol, a centrally acting opioid analgesic used for the treatment of moderate to severe pain. The chronic use of opioids requires the 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. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. The MTUS guidelines support the chronic use of opioids if the injured worker has returned to work and there is a clear overall improvement in pain and function. The treating physician should consider consultation with a multidisciplinary pain clinic if doses of opioids are required beyond what is usually required for the condition or pain does not improve on opioids in 3 months. Consider a psychiatric consult if there is evidence of depression, anxiety or irritability. Consider an addiction medicine consult if there is evidence of substance misuse. Opioids appear to be efficacious for the treatment of low back pain, but limited for short-term pain relief, and long- term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time- limited course of opioids has led to the suggestion of reassessment and consideration of

alternative therapy. In regards to the injured worker, there is no clear documentation of a functional improvement in pain with the use of opioids. There is incomplete fulfillment of the criteria for use based upon the MTUS guidelines. Therefore, the request as written is not medically necessary.

Nortriptyline 25mg three (3) at hour of sleep #90 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-15.

Decision rationale: The request is for nortriptyline, which is a tricyclic antidepressant that may also be used for treatment of pain. The MTUS guidelines recommended (tricyclic antidepressants) as a first-line option for neuropathic pain, especially if pain is accompanied by insomnia, anxiety, or depression. For non-neuropathic pain, it is recommended as an option in depressed patients, but effectiveness is limited. A systematic review indicated that tricyclic antidepressants have demonstrated a small to moderate effect on chronic low back pain (short-term pain relief), but the effect on function is unclear. In the treatment of radiculopathy, antidepressants are an option, but there are no specific medications that have been proven in high quality studies to be efficacious for treatment of lumbosacral radiculopathy. For osteoarthritis, no studies have specifically studied the use of antidepressants to treat pain from osteoarthritis, but improving depression symptoms was found to decrease pain and improve functional status. While the treating physician stated that the injured worker has improvement with use of medications, there is no documentation to support insomnia, anxiety, or depression that would support a benefit to be expected from the use of a tricyclic antidepressant. Therefore, the request as written is not supported by the MTUS and is not medically necessary.

Colace 250mg one (1) twice a day #60 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The request is for colace, a medication utilized in the treatment of constipation. The MTUS guidelines support the prophylactic treatment of constipation when opioids are also used in the treatment regimen. The continued use of opioids by the injured worker is not supported by the MTUS, and therefore the need for prophylactic treatment of constipation would no longer be necessary. The request is therefore not medically necessary.

Senna 8.6mg two at hour of sleep #100 x 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 77.

Decision rationale: The request is for senna, a medication utilized in the treatment of constipation. The MTUS guidelines support the prophylactic treatment of constipation when opioids are also used in the treatment regimen. The continued use of opioids by the injured worker is not supported by the MTUS, and therefore the need for prophylactic treatment of constipation would no longer be necessary. The request is therefore not medically necessary.