

Case Number:	CM15-0170357		
Date Assigned:	09/10/2015	Date of Injury:	05/29/2008
Decision Date:	10/15/2015	UR Denial Date:	08/03/2015
Priority:	Standard	Application Received:	08/28/2015

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: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 applicant is a represented [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 29, 2008. In a Utilization Review report dated August 3, 2015, the claims administrator failed to approve requests for Nucynta extended release, Nucynta immediate release, and topical Lidoderm patches. The claims administrator noted that the applicant had had an earlier positive drug test for marijuana. The claims administrator referenced an RFA form received on July 27, 2015 in its determination. The applicant's attorney subsequently appealed. On May 6, 2015, the attending provider acknowledged that the applicant had in fact tested positive for marijuana. 4-8/10 pain complaints were reported. The applicant was on Lidoderm patches, Pamelor, Mobic, Dilaudid, and Nucynta, it was reported. Multiple medications were refilled. The attending provider contended that the applicant was tolerating the recent rotation from Dilaudid to Nucynta appropriately. The applicant was given a 3-month supply of medications. On June 4, 2015, the applicant reported "5/10 pain with his medications" and "1/10 pain" without his medications. The applicant was again described as having drug test positive for marijuana. The applicant had undergone earlier failed spine surgery, it was reported. The attending provider suggested that the applicant was disabled and was receiving Medicare benefits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg q 12 h #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Pain Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Nucynta extended release, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested in individuals who are engaged in usage of illicit substances. Here, progress notes of June 4, 2015 and May 6, 2015 both suggested that the applicant had tested positive for marijuana, an illicit substance. Cessation of opioid therapy with Nucynta, thus, represented a more appropriate option than continuation of the same, per 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Nucynta IR 50mg qd, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation ODG, Web Pain Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for Nucynta immediate release, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for applicants who are engaged in illicit drug usage. Here, the applicant was, in fact, concomitantly using Nucynta, an opioid agent, with marijuana, an illicit substance. Discontinuation of opioid therapy, Nucynta, thus, represented a more appropriate option than continuation of the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Lidocaine 5% 4 gm, 3 tubes, 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Topical Analgesics.

Decision rationale: Finally, the request for topical Lidoderm patches was likewise not medically necessary, medically appropriate, or indicated here. While page 112 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that topical lidocaine is indicated in the treatment of localized peripheral pain or neuropathic pain in applicants in whom there has been a trial of first-line therapy with antidepressants and/or anticonvulsants, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of "efficacy of medication" into his choice of recommendations. Here, however, the applicant remained off work, it was reported on June 4, 2015. The applicant was apparently receiving disability and/or Medicare benefits, it was suggested on that date. Ongoing usage of Lidoderm patches failed to curtail the applicant's dependence on opioid agents such as Nucynta, Nucynta extended release, Dilaudid, Duragesic, etc., it was acknowledged on both June 4, 2015 and May 6, 2015. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.