

Case Number:	CM15-0170360		
Date Assigned:	09/10/2015	Date of Injury:	08/25/2013
Decision Date:	10/15/2015	UR Denial Date:	08/17/2015
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: California, Hawaii

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 55 year old male, who sustained an industrial injury on 8-25-2013. He reported acute pain with radiation to the right lower extremity following a slip and fall. Diagnoses include lumbar disc degeneration, myalgia and myositis, radiculitis, insomnia, muscle spasms, lumbar spondylolisthesis, and chronic pain. Treatments to date include activity modification, medication therapy, chiropractic therapy, and physical therapy and an epidural steroid injection. Currently, he complained of no change in the low back pain with radiation downright lower extremity. Pain was rated 10 out of 10 VAS without medication and 7 out of 10 VAS with medication. It was noted that without medications, the injured worker remained in bed all day, and with medications, he was able to get out of bed, however, did not get dressed. The records indicated Cyclobenzaprine, Nucynta ER, Nucynta 50mg, doxepin and Zolpidem were prescribed in June 2015. The records further indicated he was under consideration for a lumbar fusion. On 7-23-15, the physical examination documented decreased lumbar range of motion with tenderness, muscle spasms, and a positive right sided straight leg raise test. The plan of care included continuation of medication therapy. This appeal requested authorization for Nucynta 50mg, one tablet four times a day as needed for instant release, # 30. The Utilization Review dated 8-17-15, denied the request stating that the documentation submitted did not support the medical necessity per the ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic).

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

Decision rationale: The patient continues to complain of moderate-severe low back and right lower extremity pain. The request for consideration is Nucynta 50mg #30. The treating physician made the request on 8/20/15 after stating that the patient has failed at conservative treatment including physical therapy and chiropractic. The patient has been authorized for surgery. Nucynta is an opioid medication. According to the MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids. The 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. In this case, while there is clear documentation of moderate to severe pain there is no documentation of the 4 A's. The records indicate no significant functional improvement has been noted with narcotic medication. There is also no documentation of adverse side effects or aberrant drug behaviors. There is discussion of mild decreasing pain levels. The available medical records do not establish medical necessity for ongoing opiate medication. These medications have been shown to retard functional activity, lead to dependence and opioid-induced hyperalgesia. The MTUS guidelines require far more documentation for ongoing recommendation of opiates.