

Case Number:	CM15-0170903		
Date Assigned:	09/11/2015	Date of Injury:	06/02/2008
Decision Date:	11/03/2015	UR Denial Date:	07/28/2015
Priority:	Standard	Application Received:	08/31/2015

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: Hawaii, California, Iowa

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 injured worker is a 60 year old female who has reported neck, shoulder, and upper extremity pain after an industrial injury on 06-02-2008. The diagnoses have included cervical disc displacement, post laminectomy syndrome, and non-specific "pain". Treatment has included many medications, physical therapy, cervical fusion, injections, and radiofrequency ablation. She has been prescribed opioids chronically, and the treating physician has noted prior trials of opioids other than Nucynta. The primary treating physician has listed 8 ongoing medications, including Nucynta. The records do not document the duration of use for Nucynta. The records show ongoing intake of alcohol, listed as "socially". Per the PR2 of 07-20-2015, there was increased neck pain, stiffness and swelling over the last month, and increased pain in the right shoulder and arm. The current work status included significant activity restrictions but did not state if the injured worker was actually working. Nucynta was reported to have decreased the pain by 40% and improved her tolerance for using the upper extremities and improved her ability to sleep. The injured worker's recent urine drug screen was positive for THC, and when questioned on this, the injured worker reported that a friend had given her a topical oil to use for pain. A repeat urine drug screen was recommended at the next visit. The injured worker was counseled on this and agreed to discontinue use. The request for authorization (07-21-2015) included Nucynta 50mg tid #90. The Utilization Review of 07-28-2015 non-certified Nucynta 50mg #90 due to the lack of benefit (reduction in pain and or functional improvement) and a urine drug screen that suggests aberrant behavior. The treating physician appeal report of 8/25/15 was in response to the Utilization Review denial of Nucynta. Pertinent points listed in

the report are: ongoing regional pain related to increased activity, failed trials of other medications and other treatments, discussion of the THC-positive urine drug screen, compliance with an opioid therapy program, 40% pain relief and increased activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro med: Nucynta 50mg Tablet SIG take 1 tab three times daily #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain, Opioids, dealing with misuse & addiction, Opioids, steps to avoid misuse/addiction. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Alcohol and opioids, Pain chapter, Opioids.

Decision rationale: Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. The MTUS recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. Some of these objectives have been met and some have not. Function has not been addressed adequately, as there are no specific functional goals, and no discussion of actual work status and return to work. The specific response to Nucynta out of all of the 8 drugs listed is unclear. Functional improvement, per the MTUS, consists of a significant improvement in work status or activities of daily living, and a decreasing dependency on medical care. The treating physician has not described specific increases in activities or work status as a result of taking opioids. There is no evidence of decreasing dependency on medical care, as office visits remain monthly years after the injury, and there have been ongoing procedures and prescribing of many medications. Although the actual results of a urine drug screen were not present in the records, a urine drug screen was reportedly positive for THC, indicating aberrant behavior. Although the treating physician discussed this result, Nucynta and all other medications were continued along with a plan to repeat the urine drug screen at the next office visit, rather than planning a random test. Both the MTUS and the Official Disability Guidelines recommend random drug tests for high-risk individuals, which this injured worker is in light of the positive drug test and history of alcohol use while taking opioids. The treating physician has not addressed the use of alcohol concurrently with the multiple sedating medications he prescribes (benzodiazepines, muscle relaxants, opioids). The Official Disability Guidelines, cited above, note the inadvisability of using alcohol while taking opioids. As currently prescribed, this opioid does not meet the criteria for long-term opioids as elaborated in the MTUS and is therefore not medically necessary. This is not meant to imply that some form of analgesia is contraindicated; only that the opioids as prescribed have not been prescribed according to the MTUS and that the results of use do not meet the requirements of the MTUS. Therefore, the request is not medically necessary.