

Case Number:	CM15-0172242		
Date Assigned:	09/14/2015	Date of Injury:	04/14/2013
Decision Date:	10/20/2015	UR Denial Date:	08/19/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 43 year old male, who sustained an industrial injury on April 14, 2013, incurring low back and left ankle and heel injuries. He was diagnosed with lumbar disc disease, calcaneal spur bursitis and tendinitis, Achilles tendon tear and tenosynovitis. Treatment included diagnostic imaging of the lower back and left ankle and heel, pain medications, neuropathic medications, muscle relaxants, chiropractic sessions, physical therapy and home exercise program, sympathetic nerve blocks and activity restrictions. Currently, the injured worker complained of pain, burning, throbbing of the left leg rating it 8 on a pain scale of 1 to 10. He noted 50 to 60% pain relief from nerve blocks with good functional improvement. He was diagnosed with complex regional pain syndrome of the left leg with severe low back pain. The treatment plan that was requested for authorization on September 1, 2015, included prescriptions for Norco and Nucynta extended release (ER). On August 19, 2015, utilization review modified the requested prescription of Norco 10-325mg #90 to Norco 10-325mg #45 and non-certified the prescription for Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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.

Decision rationale: The patient presents with pain in the lower back and left foot/ankle. The request is for NORCO 10/325MG #90. Patient is status post left/ankle foot surgery 06/16/14. Physical examination to the left lower extremity on 04/03/15 revealed tenderness to palpation. Per 09/10/15 progress report, patient's diagnosis include left lower extremity rad/crps II. Patient's medications, per 06/13/15 progress report include Vicoprofen and Neurontin. Patient's work status was not specified. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, p90 states, "Hydrocodone has a recommended maximum dose of 60mg/24hrs." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." The treater has not specifically discussed this request; no RFA was provided either. The utilization review letter dated 08/19/15 has modified the request from #90 to #45. In progress report dated 08/13/15, under treatment plan, the treater is prescribing a refill for Norco 10/325mg. However, it is not clear how long the patient has utilized this medication, as there are no other prescriptions of Norco. In this case, there are no discussions in regards to Norco's impact on the patient's pain and function. No before and after pain scales are used for analgesia. No ADL's are discussed showing specific functional improvement. While UDS test results and CURES are current and consistent with patient's medications, there are no discussions on adverse effect and other measures of aberrant behavior. Outcome measures are not discussed and no validated instruments are used showing functional improvement as required by MTUS. Furthermore, MTUS does not support long-term use of opiates for chronic low back pain and on-going use of opiates does not appear appropriate for this patient's condition. The request IS NOT medically necessary.

Nucynta ER 30mg #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), Tapentadol (Nucynta) (2015).

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.

Decision rationale: The patient presents with pain in the lower back and left foot/ankle. The request is for NUCYNTA ER 30MG #30. Patient is status post left/ankle foot surgery 06/16/14. Physical examination to the left lower extremity on 04/03/15 revealed tenderness to palpation. Per 09/10/15 progress report, patient's diagnosis include left lower extremity rad/crps II. Patient's medications, per 06/13/15 progress report include Vicoprofen and Neurontin. Patient's work status was not specified. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." MTUS, OPIOIDS FOR CHRONIC PAIN Section, pages 80 and 81 states "There are virtually no studies of opioids for treatment of chronic lumbar root pain with resultant radiculopathy," and for chronic back pain, it "Appears to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear (>16 weeks), but also appears limited." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, pages 60 and 61 state the following: "Before prescribing any medication for pain the following should occur: (1) determine the aim of use of the medication; (2) determine the potential benefits and adverse effects; (3) determine the patient's preference." Treater has not discussed this request; no RFA was provided either. Review of the medical records provided did not indicate a prior use of this medication and it appears that the treater is initiating this medication. However, initiating a new opioid cannot be supported as there are no functional assessments to necessitate the start of a new opioid. MTUS states that "functional assessment should be made. Function should include social, physical, psychological, daily activities..." Furthermore, there are no pain scales or validated instruments that address analgesia. The 4A's are not specifically addressed including discussions regarding adverse reactions, aberrant behavior, specific ADL's, etc. Given the lack of documentation as required by the guidelines, the request IS NOT medically necessary.