

Case Number:	CM15-0172818		
Date Assigned:	09/14/2015	Date of Injury:	02/28/2011
Decision Date:	10/20/2015	UR Denial Date:	08/21/2015
Priority:	Standard	Application Received:	09/02/2015

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: Family Practice

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 41 year old male who sustained an industrial injury on 2-28-2011. A review of medical records indicated the injured worker is being treated for lumbar post laminectomy syndrome, chronic low back pain with radicular symptoms in the left leg and groin, chronic pain syndrome, lumbar degenerative disc disease, and L3-L4 fusion in 2014. Medical records dated 8-12-2015 note that low back pain without medications was an 8 out of 10 and with medications was a 6 out of 10. Progress report dated 7-15-2015 noted pain was a 10 out of 10 without medications and was a 9 out of 10 with medications. There was noted functional improvement with medications. Physical examination noted 8-12-2015 noted significant paraspinal tenderness L4 through S1 and palpable spasm. Range of motion was restricted to 40 degrees of flexion and 15 degrees of extension. Treatment has included Norco since at least 3-17-2015, physical therapy, and acupuncture. Utilization review form dated August 21 2015 noncertified Nortriptyline, Norco, and Nucynta. Per 8/12/15 report, there is concern with regards to non-fusion. The injured worker has failed gabapentin and Cymbalta. The injured worker was previously on two short acting opioids. The injured worker is now on long acting Nucynta and short acting Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

30 Capsules of Nortriptyline 25mg: Overturned

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): Antidepressants for chronic pain.

Decision rationale: According to the MTUS guidelines, antidepressants for chronic pain are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. The MTUS guidelines state that tricyclics are generally considered a first-line agent unless they are ineffective, poorly tolerated, or contraindicated. The injured worker is followed for chronic pain and the request for first line adjuvant agent such as tricyclic anti-depressant nortriptyline is supported. The request for 30 Capsules of Nortriptyline 25mg is medically necessary and appropriate.

60 Tablets of Norco 10/325mg: Overturned

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): Opioids, criteria for use, Opioids for chronic pain, Opioids, specific drug list.

Decision rationale: The long term use of opioids is generally not supported for non-malignant pain. In this case, the injured worker is status post fusion and there is concern regarding non-fusion. The injured worker is reporting objective functional improvement with the utilization of this medication and there is no evidence of abuse or diversion. Urine drug screen and CURES have been consistent. The medical records note that the injured worker has failed analgesic adjuvants gabapentin and Cymbalta. As this juncture, while the status of the fusion is being investigated, the request for Norco is supported to address the pain and to increase function. The request for 60 Tablets of Norco 10/325mg is medically necessary and appropriate.

60 Tablets of Nucynta 100mg: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Opioids.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter/Tapentadol (Nucynta).

Decision rationale: Per the MTUS guidelines, Tapentadol (Nucynta) is recommended only as second line therapy for patients who develop intolerable adverse effects with first line opioids. It is noted that the injured worker was previously prescribed two short acting opioids, and now is being prescribed one short acting opioid with the addition of Nucynta as a long acting opioid. However, the medical records do not establish that the injured worker has failed first line long acting opioid. The request for 60 Tablets of Nucynta 100mg is therefore not medically necessary and appropriate.

