

Case Number:	CM15-0173147		
Date Assigned:	09/16/2015	Date of Injury:	12/13/2007
Decision Date:	10/16/2015	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: Arizona, 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 35 year old male, who sustained an industrial injury on 12-13-07. The injured worker is undergoing treatment for chronic low back pain with lower limb radiculitis, spasticity of lower limbs, insomnia, spasm, opioid dependent chronic pain and gastrointestinal (GI) upset from narcotic use. Medical records dated 8-12-15 indicate the injured worker complains of chronic back and leg pain. Attempts to reduce Nucynta and Oxycontin from 5 to 2 has resulted in decreased function demonstrated by standing-walking tolerance decreased from 45-60 minutes to 10 minutes, sitting tolerance decreased from 30 minutes to 10-15 minutes and sleep decreased from 7 hours to 2 hours. Physical exam dated 8-12-15 notes dysphoric flat affect, well healed abdominal and lower back surgical scars, paraspinal atrophy, lumbar tenderness to palpation and spasm and straight leg raise causes pain radiating to the buttock on the right. Treatment to date has included medication, psychiatric treatment, failed lumbar artificial disc and subsequent lumbar fusion and behavioral pain therapy. The original utilization review dated 8- 19-15 indicates the request for Elavil 25 mg #60, Oxycontin 30 mg #60 is certified, and Nucynta 100 mg #150, Gralise 600 mg #60 and Requip 0.5 mg #60 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 100 mg #150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, specific drug list. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter and pg 126.

Decision rationale: According to the MTUS guidelines, Nucynta is not indicated 1st line for mechanical or compressive etiologies. It is not a 1st line opioid for chronic pain. No one opioid is superior to another. According to the ODG guidelines, Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. Nucynta has the same pain-relieving benefits of OxyIR, as well as the same risks that come with any opioid, but shows a significant improvement in gastrointestinal tolerability compared with oxycodone. In this case, there is mention of reducing /weaning Oxycontin. The claimant does have GI side effects from alternate opioid use, reducing Nucynta results in increased pain and decreased function. Continued use is medically necessary and appropriate.

Gralise 600 mg #60: 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): Antiepilepsy drugs (AEDs).

Decision rationale: According to the MTUS guidelines: Gabapentin (Gralise) has been shown to be effective for treatment of diabetic painful neuropathy and post herpetic neuralgia and has been considered as a first-line treatment for neuropathic pain. Neurontin is also indicated for a trial period for CRPS, lumbar radiculopathy, Fibromyalgia and Spinal cord injury. In this case, the claimant does not have radicular symptoms. Pain is reduced 50% with Gralise use. Gabapentin (Gralise) is appropriate and medically necessary

Requip 0.5 mg #60: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Restless Legs Syndrome Max Bayard, MD, Thomas Avonda, MD, and James Wadzinski, MD, East Tennessee State University, Quillen College of Medicine, Johnson City, Tennessee Am Fam Physician. 2008 Jul 15; 78 (2): 235-240.

Decision rationale: Requip is indicated for restless leg syndrome or spasticity due to Parkinson's. The claimant had leg spasms following back surgery. The Requip is not approved for post-op indication. The claimant does not have the above diagnoses. The

continued use of Requip is not medically necessary.