

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0175073 | | |
| Date Assigned: | 09/16/2015 | Date of Injury: | 08/06/2004 |
| Decision Date: | 10/23/2015 | UR Denial Date: | 09/01/2015 |
| Priority: | Standard | Application Received: | 09/04/2015 |

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: Pennsylvania
 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 52 year old female who sustained an industrial injury on August 06, 2004. A recent primary treating office visit dated March 04, 2015 reported current medication regimen consisting of: Cymbalta, Nucynta, Gralise, and Norco. The following treating diagnoses were applied: chronic low back pain with radicular low extremity symptom; status post lumbar decompression arthrodesis and plating; adjustment disorder and comorbid insomnia. Primary follow up dated April 15, 2015 reported the worker instructed on weaning off from Cymbalta with suggestion of opening the capsule and decreasing the beads by 5% daily over the following twenty days with note of holding the last dose if any feelings of withdrawal. At primary follow up dated May 20, 2015 current medication regimen consisted of: Nucynta ER, Gralise, and Norco. Primary follow up dated June 11, 2015 reported current medications to consist of: Butrans 10mcg patches, Gralise, and continue Cymbalta. Lastly, primary follow up dated July 13, 2015 reported the following medications discontinued: Cymbalta, Celebrex, Hydroxyzine and Butrans patches. Current medication regimen consisted of: Nucynta, Norco, Meloxicam, Abilify, and Gralise.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 50mg #1 po Q12 hour #80/6 weeks: 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): Opioids, criteria for use.

Decision rationale: Nucynta is an opioid analgesic similar to tramadol. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Nucynta. There is no documentation of the measurement of pain and function in the medical record. It is not clear from the record that this worker is receiving any benefit from this medication after having received it for several months. There is also no discussion of the presence or absence of side effects.

Gralise 600mg #3 with dinner #90, 3 refills: 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): Antiepilepsy drugs (AEDs).

Decision rationale: Gralise is a brand of the anti-epilepsy drug gabapentin. According to the MTUS, anti-epilepsy drugs are recommended for neuropathic pain. Most randomized controlled trials have been directed at postherpetic neuralgia and painful polyneuropathy but there are few RCT's directed at central pain and none for painful radiculopathy. The MTUS does not specifically discuss gabapentin in the treatment of painful radiculopathy but does recommend it as a trial in lumbar spinal stenosis. The medical record in this case indicates this worker has painful radiculopathy stating "chronic daily back pain radiating to bilateral leg/foot associated with tingling, numbness and twitching." It is stated over several visits that gralise helps her leg cramp. Otherwise there was no documentation of benefit from Gralise. While a trial of Gralise may have been appropriate, the continued use is not appropriate and not medically necessary without documentation of measurable reduction in pain and improvement in function in response to Gralise.

Norco 10/325mg #1 po qd prn #45/6: 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): Opioids, criteria for use.

Decision rationale: Norco is an opioid analgesic. According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco. There is no documentation of the measurement of pain and function in the medical record. It is not clear from the record that this worker is receiving any benefit from this medication after having received it for several months. There is also no discussion of the presence or absence of side effects.