

Case Number:	CM15-0036675		
Date Assigned:	04/03/2015	Date of Injury:	06/29/2014
Decision Date:	06/11/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	02/26/2015

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: Internal Medicine, Hospice & Palliative 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 35 year old female, who sustained an industrial injury on 6/29/14. The injured worker has complaints of left foot pain and quality of sleep is poor. The diagnoses have included foot pain. Treatment to date has included ice or heat; toxicology screen; Computed Tomography (CT) scan of the left foot; physical therapy; celebrex and voltaren gel. The request was for nucynta; ultram and voltaren gel.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50 MG #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Nucynta (tapendatol) is a medication in the opioid class. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve

pain and function, and monitoring of outcomes over time should affect treatment decisions. The Guidelines recommend that the total opioid daily dose should be lower than 120mg oral morphine equivalents. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, and the length of time the pain relief lasts. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, a slow individualized taper of medication is recommended to avoid withdrawal symptoms. The submitted documentation concluded the worker was experiencing left foot pain, problems sleeping, nausea with medication, and sweating. This medication was recommended for a trial of once-daily use instead of another opioid medication that was short-acting and was possibly causing nausea. While the documented pain assessments were minimal and did not include many of the elements recommended by the Guidelines, long-acting opioid medications tend to have less risk compared with short-acting opioids. For this reason, the current request for thirty tablets of Nucynta (tapentadol) 50mg is medically not unreasonable.

Ultram 50 MG #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

Decision rationale: Tramadol with acetaminophen is a medication in the opioid and general pain reliever classes. The MTUS Guidelines stress the lowest possible dose of opioid medications should be prescribed to improve pain and function, and monitoring of outcomes over time should affect treatment decisions. Documentation of pain assessments should include the current pain intensity, the lowest intensity of pain since the last assessment, the average pain intensity, pain intensity after taking the opioid medication, the amount of time it takes to achieve pain relief after taking the opioid medication, the length of time the pain relief lasts, use and of drug screening with issues of abuse or addiction. Acceptable results include improved function, decreased pain, and/or improved quality of life. The MTUS Guidelines recommend opioids be continued when the worker has returned to work and if the worker has improved function and pain control. When these criteria are not met, an individualized taper is recommended. The submitted and reviewed records indicated the worker was experiencing left foot pain, problems sleeping, nausea with medication, and sweating. The documented pain assessments were minimal and included few of the elements encouraged by the Guidelines. These records reported the worker had only mildly improved pain intensity with this medication, and there was description of how often this medication was needed and taken, documented exploration of potential negative effects, or detailed individualized risk assessment. In the absence of such evidence, the current request for sixty tablets of tramadol with acetaminophen 37.5/325mg with two refills as prescribed on the date of service 02/09/2015 is not medically necessary. While the Guidelines support the use of an individualized taper to avoid withdrawal effects, the risks of

continued use significantly outweigh the benefits in this setting based on the submitted documentation, and a wean should be able to be completed with the medication available to the worker.

Voltaren 1 Percent Gel #1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-113.

Decision rationale: The MTUS Guidelines recommend topical NSAIDs to treat pain due to osteoarthritis and tendonitis but not neuropathic pain. Use is restricted to several weeks because benefit decreases with time. It is specifically not recommended for use at the spine, hip, or shoulder areas. Diclofenac 1% is the medication and strength approved by the FDA. The submitted and reviewed documentation indicated the worker was experiencing left foot pain, problems sleeping, nausea with medication, and sweating. There was no discussion detailing improved pain intensity or function with this medication or suggesting special circumstances that sufficiently supported this request. Further, these records indicated the worker had been taking this medication for at least several months. For these reasons, the current request for one 100g tube of Voltaren (diclofenac) 1% gel is not medically necessary.