

Case Number:	CM15-0044277		
Date Assigned:	03/17/2015	Date of Injury:	02/28/1999
Decision Date:	05/18/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/10/2015

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: New Jersey, Alabama, California
 Certification(s)/Specialty: Neurology, Neuromuscular 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 58-year-old male injured worker suffered an industrial injury on 2/28/1999. The diagnoses were lumbar disc disorder and low back pain. The diagnostic studies were electromyography and cervical x-rays. The treatments were spinal cord stimulator and medications. The treating provider reported chronic low back pain that radiated into the bilateral legs, right greater than left with tingling and numbness. It is described as intractable, constant, aching, sharp, shooting and throbbing. The gait is stooped with tenderness of the lumbar muscles and range of motion is limited with motion causing increased pain 4/10. The requested treatments were: 1. Nucynta ER 150 MG #56. 2. Brintellix 10 MG #28.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 150 MG #56: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for Use of Opioids Page(s): 70-76.

Decision rationale: According to MTUS guidelines, ongoing use of opioids should follow specific rules: (a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy. (b) The lowest possible dose should be prescribed to improve pain and function. (c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: 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 lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. The 4 A's for Ongoing Monitoring: Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." There is no clear evidence and documentation from the patient file, of a continuous need for Nucynta. There is no clear objective documentation of functional improvement or significant reduction of pain severity. There is no documentation of intolerance of first line opioids. Therefore, the prescription of Nucynta ER 150mg is not medically necessary.

Brintellix 10 MG #28: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13.

Decision rationale: Brintellix is an atypical anti depressant requested by the provider to treat the patient chronic pain. There is no clear documentation of depression in this case. There is no clear documentation of failure of first line pain medications in this case. There is no controlled studies supporting the use of Brintellix for pain management. Therefore, the request for Brintellix is not medically necessary.