

Case Number:	CM15-0065453		
Date Assigned:	04/13/2015	Date of Injury:	05/31/2000
Decision Date:	05/12/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/06/2015

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: Emergency 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 51 year old male, who sustained an industrial injury on May 31, 2000. The injured worker was diagnosed as having lumbago, postlaminectomy syndrome, lumbar radiculopathy, lumbar disc degeneration and left ankle pain. Patient is post lumbar microdiscectomy in 1995, lumbar fusion in 2002 and left ankle athroscopy in 2000. Treatment and diagnostic studies to date have included surgery and medication. A progress note dated March 11, 2015 provides the injured worker complains of low back and left ankle pain rated 7/10 with medication and 10/10 without medication. At the time of visit he rates the pain 9/10. Patient's pain is maintained by current high dose opioid therapy but patient is reportedly using Aderall just to maintain function. Pt is also concerned about opioid denials and is refusing trials of other pain treatments. He reports no change in pain from previous visit. Physical exam notes the injured worker is in an acute distress, there is lumbar tenderness, toe and heel walking are normal, normal gait, and left ankle tenderness with decreased range of motion (ROM). The plan includes medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tabs, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management Page(s): 78. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78. Decision based on Non-MTUS Citation ODG: Pain (Chronic): Opioids (Dosing).

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation show appropriate documentation. However, while current regiment shows that patient is able to maintain function and work full time, the current regiment continue to present significant issues with significant pain issues (7-9/10) and unacceptable side effects. The use of aderrall, an amphetamine-like stimulant, to counteract the sedation from Norco and Nucynta is extremely dangerous. Combined Morphine Equivalent Dose (MED) is currently 133mg MED a day, which exceed the recommended maximum dose of 120mg MED a day. Current pain regiment is inappropriate. UR recommended weaning. Norco prescription is not medically necessary.

Nucynta ER 100mg tabs, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management. Decision based on Non-MTUS Citation Goodman Gilman's The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill, 2006, and Non-MTUS website Physician's Desk Reference, 68th ed. www.RxList.com. Non-MTUS website ODG Workers Compensation Drug Formulary, www.odg-twc.com/odgtwc/formulary.htm and Non-MTUS website drugs.com and Non-MTUS website Epocrates Online, www.online.epocrates.com and Non-MTUS website Monthly Prescribing Reference, www.empr.com and Non-MTUS website AMDD Agency Medical Directors' Group Dose Calculator, www.agencymeddirectors.wa.gov.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-90. Decision based on Non-MTUS Citation ODG: Pain(Chronic): Tapentadol (Nucynta) ODG: Pain (Chronic): Opioids (dosing).

Decision rationale: Nucynta is a centrally direct acting Mu-agonist, an opioid-like medication. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation show appropriate documentation. However, while current regiment shows that patient is able to maintain function and work full

time, the current regimen continues to present significant issues with significant pain issues (daily pain 7-9/10) and unacceptable side effects. The use of Adderall, an amphetamine-like stimulant, to counteract the sedation from Norco and Nucynta is extremely dangerous. Combined Morphine Equivalent Dose (MED) is currently 133mg MED a day, which exceeds the recommended maximum dose of 120mg MED a day. Current pain regimen is inappropriate. UR recommended weaning. Nucynta prescription is not medically necessary.