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| Case Number: | CM15-0068446 | | |
| Date Assigned: | 04/16/2015 | Date of Injury: | 08/27/2009 |
| Decision Date: | 05/15/2015 | UR Denial Date: | 03/20/2015 |
| Priority: | Standard | Application Received: | 04/10/2015 |

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 57 year old male, who sustained an industrial injury on 8/27/2009. He reported injury from a fall. The injured worker was diagnosed as having cervical degenerative disc disease, low back pain, neck pain lumbar radiculitis, lumbosacral degeneration, cervicalgia, cervical spondylosis, headache and chronic pain syndrome. Cervical magnetic resonance imaging showed mild disc protrusion and mild disc bulging. Treatment to date has included physical therapy, H wave, ablation, home exercises and medication management. In a progress note dated 3/3/2015, the injured worker complains of neck and low back pain and left wrist pain. The treating physician is requesting Pennsaid and 2 prescriptions of Nucynta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 150mg, QTY: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the 03/03/15 progress report provided by treating physician, the patient presents with pain to neck, low back and left wrist, rated 8/10 with and 10/10 without medications. The request is for NUCYNTA 150MG, QTY 60. Patient's diagnosis per Request for Authorization form dated 03/16/15 includes neck pain and low back pain. Treatment to date has included physical therapy, H wave, imaging studies, home exercise program and medications. Patient medications include Nucynta, Pennsaid transdermal, and Mirtazine. Patient is off work, per treater report dated 03/03/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Nucynta has been included in patient's medications, per treater reports dated 07/09/14, 10/30/14, and 03/31/15. Treater has provided numerical scales to address analgesia, and per progress report dated 03/03/15, treater states, "the medications are helpful to decrease pain and increase function." However, treater has not stated how Nucynta improves patient's activities of daily living with specific examples showing significant functional improvement. MTUS states "function should include social, physical, psychological, daily and work activities." Per 03/03/15 progress report, UDS dated 02/03/15 revealed consistent results, CURES report shows treater is "the only prescriber of opiates," and opioid treatment agreement was signed. Aberrant behavior has been addressed, but there are no discussions pertaining to adverse effects, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.

Nucynta 100mg, QTY: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications Page(s): 78, 86.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines criteria for use of opioids Page(s): 88-89, 76-78.

Decision rationale: Based on the 03/03/15 progress report provided by treating physician, the patient presents with pain to neck, low back and left wrist, rated 8/10 with and 10/10 without medications. The request is for NUCYNTA 100MG, QTY 30. Patient's diagnosis per Request for Authorization form dated 03/16/15 includes neck pain and low back pain. Treatment to date has included physical therapy, H wave, imaging studies, home exercise program and medications. Patient medications include Nucynta, Pennsaid transdermal, and Mirtazine. Patient is off work, per treater report dated 03/03/15. MTUS Guidelines pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after

taking the opioid, time it takes for medication to work and duration of pain relief. MTUS p77 states, "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." Nucynta has been included in patient's medications, per treater reports dated 07/09/14, 10/30/14, and 03/31/15. Treater has provided numerical scales to address analgesia, and per progress report dated 03/03/15, treater states, "the medications are helpful to decrease pain and increase function." However, treater has not stated how Nucynta improves patient's activities of daily living with specific examples showing significant functional improvement. MTUS states "function should include social, physical, psychological, daily and work activities." Per 03/03/15 progress report, UDS dated 02/03/15 revealed consistent results, CURES report shows treater is "the only prescriber of opiates," and opioid treatment agreement was signed. Aberrant behavior has been addressed, but there are no discussions pertaining to adverse effects, etc. No return to work, or change in work status, either. MTUS requires appropriate discussion of the 4A's. Given lack of documentation, the request IS NOT medically necessary.

Pennsaid 2% 112gm, QTY: 1: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111.

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

Decision rationale: Based on the 03/03/15 progress report provided by treating physician, the patient presents with pain to neck, low back and left wrist, rated 8/10 with and 10/10 without medications. The request is for PENNSAID 2% 112GM, QTY:1. Patient's diagnosis per Request for Authorization form dated 03/16/15 includes neck pain and low back pain. Treatment to date has included physical therapy, H wave, imaging studies, home exercise program and medications. Patient medications include Nucynta, Pennsaid transdermal, and Mirtazine. Patient is off work, per treater report dated 03/03/15. MTUS has the following regarding topical creams (p111, chronic pain section): "Topical Analgesics: Non-steroidal anti-inflammatory agents (NSAIDs): The efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the first 2 weeks of treatment for osteoarthritis, but either not afterward, or with a diminishing effect over another 2-week period." "...This class in general is only recommended for relief of osteoarthritis pain in joints that lend themselves to topical treatment (ankle, elbow, foot, hand, knee, and wrist). MTUS specifically states, "There is little evidence to utilize topical NSAIDs for treatment of osteoarthritis of the spine, hip or shoulder." Pennsaid has been included in patient's medications, per treater reports dated 07/09/14, 10/30/14, and 03/31/15. Per 03/31/15 treater report, the patient states that Pennsaid "does reduce pain and helps especially for acute pain flare ups in the joints including the wrist and hip..." Per progress report dated 03/03/15, treater states, "the medications are helpful to decrease pain and increase function." In this case, patient presents with wrist pain for which Pennsaid would be indicated. However, MTUS does not support topical NSAIDs for the hip, and there is no documentation of peripheral joint osteoarthritis or tendonitis in provided medical records. Furthermore, the patient has been prescribed Pennsaid at least since 07/09/14, per treater report; and MTUS does not

recommend use of NSAIDs topicals for longer than two weeks. This request is not in accordance with guidelines. Therefore, the request IS NOT medically necessary.