

Case Number:	CM15-0068671		
Date Assigned:	04/16/2015	Date of Injury:	01/23/2013
Decision Date:	05/15/2015	UR Denial Date:	04/08/2015
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, Indiana, New York
Certification(s)/Specialty: Internal 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 45 year old male who sustained an industrial injury on 01/12/13. Initial complaints and diagnoses are not available. Treatments to date include medications and a sacroiliac joint injection. Diagnostic studies include a MRI of the lumbar spine and a nerve conduction study. Current diagnose include chronic low back pain and right leg pain/numbness, multiple level degenerative disc lesions, lumbar spondylosis, myofascial pain/spasm. Current complaints include low back pain with right leg numbness and tingling. In a progress note dated 03/31/15 the treating provider reports the plan of care as medications including Nucynta, baclofen, Lyrica, and Celebrex, as well as home exercise program, a radiofrequency ablation at the right sacroiliac joint, and thoracic MRI. The requested treatments are Nucynta and baclofen.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (updated 04/06/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Nucynta, Opiates.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta ER 100 mg #30 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic low back pain and right leg pain/numbness; multiple level degenerative disc lesions with fissures at L3 - L4 and L4 - L5; lumbar spondylosis; and myofascial pain. There is a single progress note in the medical record dated March 31, 2015. The documentation does not contain failed first-line therapy with opiates as required by the guidelines. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. There are no adverse intolerable effects documented in the medical record. Consequently, absent clinical documentation with evidence of adverse intolerable side effects from first-line opiates, Nucynta ER 100 mg #30 is not medically necessary.

Nucynta IR 50mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG, Pain (updated 04/06/15) Online Version.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Nucynta, Opiates.

Decision rationale: Pursuant to the Official Disability Guidelines, Nucynta IR 50 mg #60 is not medically necessary. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic low back pain and right leg pain/numbness; multiple level

degenerative disc lesions with fissures at L3 - L4 and L4 - L5; lumbar spondylosis; and myofascial pain. There is a single progress note in the medical record dated March 31, 2015. The documentation does not contain failed first-line therapy with opiates as required by the guidelines. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first-line opiates. There are no adverse intolerable effects documented in the medical record. Consequently, absent clinical documentation with evidence of adverse intolerable side effects from first-line opiates, Nucynta IR 50 mg #60 is not medically necessary.

Baclofen 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants(for pain) Page(s): 63-64.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants Page(s): 63-66. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Section, Muscle Relaxants.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Baclofen 10mg #60 is not medically necessary. Muscle relaxants are recommended as a second line option short-term (less than two weeks) of acute low back pain and for short-term treatment of acute exacerbations in patients with chronic low back pain. Efficacy appears to diminish over time and prolonged use may lead to dependence. In this case, the injured worker's working diagnoses are chronic low back pain and right leg pain/numbness; multiple level degenerative disc lesions with fissures at L3 - L4 and L4 - L5; lumbar spondylosis; and myofascial pain. There is a single progress note in the medical record dated March 31, 2015. There is no start date in the documentation for Baclofen. The utilization review, however, indicates recommendations to wean the patient were made at a prior visit. The utilization review physician initiated a peer-to-peer conference with the treating physician. There has been no meaning of Baclofen to date. Additionally, Baclofen is recommended for short-term (less than two weeks). The treating physician exceeded the recommended guidelines by refilling Baclofen and continuing with a one-month supply. Consequently, absent compelling clinical documentation with objective functional improvement in excess of the recommended guidelines, Baclofen 10 mg #60 is not medically necessary.