

Case Number:	CM15-0092060		
Date Assigned:	05/18/2015	Date of Injury:	03/14/2012
Decision Date:	06/17/2015	UR Denial Date:	04/24/2015
Priority:	Standard	Application Received:	05/13/2015

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 57 year old male, who sustained an industrial injury on 3/14/12. He reported initial complaints of a fall injury. The injured worker was diagnosed as having cervical disc disease; radiculopathy; lumbar disc disease; spondylolisthesis and radiculitis. Treatment to date has included status post cervical spine fusion at C5-C6 (11/25/12); lumbar epidural steroid injections (6/11/13); acupuncture (self-pay); medications. Diagnostics included MRI lumbar spine (12/19/12); MRI cervical spine (9/22/12); EMG/NCV upper extremities (12/19/13); MRI thoracic spine (12/20/13); x-rays left hip (2/4/15); x-rays left and right shoulder (2/4/15); MRI cervical and lumbar spine (2/4/15); EMG/NCV study upper/Lower extremities (2/14/15). Currently, the PR-2 notes dated 4/16/15 indicated the injured worker was last seen in this office on 12/11/14. The provider's notes demonstrate the injured worker is in a lot of pain. He complains of neck pain, which radiates to the right upper extremity. He also complains of low back pain, which radiates to the left leg. He rates his pain as 7/10 without pain medications. Prolonged sitting, standing, walking, bending and lifting, aggravates his pain. It is alleviated by lying down. The provider notes that medications were helping but have been denied by the insurance company. He is taking ibuprofen 800mg but it is bothering his stomach. He has a lumbar epidural steroid injection 6/11/13 which relieved his pain by 50%. A repeat injection was denied. A MRI of the lumbar spine dated 2/4/15 impression notes "L3-L4 level demonstrates a mild disc bulge with degenerative facets causing mild central canal stenosis and moderate right neural foraminal narrowing." The cervical spine MRI on this same date demonstrates C3-C4 mild to moderate central canal stenosis; "T2 vertebral body extending roughly 10mm in length/measuring 2/5mm thick without enhancement suggesting a syrinx. There are post-surgical changes at the C5-C6 without findings to suggest hardware failure." The provider has requested Nucynta tab 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta tab 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain, Opioids Page(s): 75, 78.

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.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Nucynta 100mg #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. See the guidelines for additional details. 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 neck pain; cervical disc disease; cervical radiculopathy; low back pain; lumbar disc disease; lumbar spondylolisthesis; and lumbar radiculitis. The documentation from September 2, 2014 shows the treating provider was tapering Nucynta 50 mg Q 12 hours. With medications the VAS pain scale with 5/10 and without medications 8/10. In a progress note dated February 12, 2015, the injured worker was weaned off Nucynta. The treating provider requested Norco. The documentation does not state with the Norco was approved or denied. In a progress note dated April 16, 2015, all medications were denied. The VAS pain score was 7/10 without medications. The injured worker started ibuprofen 800 mg. A one-month supply of Butrans was prescribed without refills. That same month (April 16, 2015), the treating provider requested Nucynta 100 mg to 12 hours. There is no clinical indication or rationale for Nucynta. The injured worker was previously weaned with discontinuation. Nucynta is recommended only as a second line therapy for patients who develop intolerable adverse effects with first line opiates. There is no documentation in the medical record indicating Nucynta was prescribed as a second line opiate. There is no documentation the injured worker developed intolerable adverse effects. Consequently, absent clinical documentation with a clinical indication and rationale for restarting Nucynta in the absence of intolerable adverse effects with first-line opiates, Nucynta 100mg #60 is not medically necessary.