

Case Number:	CM15-0093257		
Date Assigned:	05/19/2015	Date of Injury:	07/21/2000
Decision Date:	07/03/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/14/2015

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 69 year old female, who sustained an industrial injury on 07/21/2000. According to a progress report dated 04/08/2015, the injured worker had been in a lot of pain over the past few months especially in her lower back and bilateral hands, worse on the right than the left. She was trialed on Nucynta IR and ER several visits ago and she stated that she had good pain relief from the medications. She was able to do things around the house and often needed assistance from her son to help with activities of daily living and home chores. The carpal tunnel in her hands affected her most with activities of daily living. She needed to take breaks sometimes when her hands felt weak. Pain level was rated 5 on a scale of 1-10. Pain level without medications was rated 8-9. Her pain was better controlled on her current prescriptions. Since her last visit, pain remained the same, condition was unchanged and level of functionality had increased. Current medication regimen included Atenolol, Doc-q-lace, Senna laxative, Aspirin, Cymbalta, Neurontin, Nucynta ER and Nucynta IR. Diagnoses included lumbar disc displacement without myelopathy, carpal tunnel syndrome, tenosynovitis of hand and wrist not elsewhere classified and chronic pain syndrome. The provider noted that she was doing well on Nucynta ER and IR, Cymbalta and Gabapentin. She was tapering her Nucynta to 50mg twice a day for the IR. Treatment to date has included hand surgeries, physical therapy, TENS unit, medications and nerve block injections. Records dating back to October 2014 show that the injured worker was utilizing Nucynta IR, Nucynta ER and Cymbalta since that time. And records submitted for review show that the injured worker had been utilizing Gabapentin

since December 2014. Currently under review is the request for Nucynta IR, Nucynta ER, Cymbalta and Gabapentin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta IR (immediate release) 100 mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 07/21/00 and presents with pain in her left hand, right hand, and lower back. The request is for NUCYNTA IR 100 MG QTY 60 WITH 1 REFILL. The RFA is dated 02/10/15 and the patient is retired. She has been taking this medication as early as 10/13/14. Progress reports are provided from 10/13/14 to 04/22/15. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. The 12/09/14 report states that the patient was trialed on Nucynta IR and ER several visits ago and she states that she has good pain relief from the medications. She is able to do things around the house and often needs assistance from her son to help with her ADLs and home chores. On 12/09/14 and 02/10/15, she rated her pain as a 5-6/10 with medications and an 8-9/10 without medications. On 04/08/15, she rated her pain as a 5/10 with medications and an 8-9/10 without medications. She is taking her medications only as prescribed and states her pain is better controlled on her current Rx without reports of any new side effects. Although the treater provides before-and-after pain scales and discusses side effects, not all of the 4 A's are addressed as required by MTUS guidelines. The treater indicates that the patient can do house chores and ADLs; however, there are no specific house chores and ADLs discussed. No validated instruments are used either. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications nor are there any pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Nucynta IS NOT medically necessary.

Nucynta ER (extended release) 200 mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 74-95, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 76-78, 88-89.

Decision rationale: The patient was injured on 07/21/00 and presents with pain in her left hand, right hand, and lower back. The request is for NUCYNTA ER 200 MG QTY 100 WITH 1 REFILL. The RFA is dated 02/10/15 and the patient is retired. She has been taking this medication as early as 10/13/14. Progress reports are provided from 10/13/14 to 04/22/15. MTUS Guidelines pages 88 and 89 state, Pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale or a 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. The 12/09/14 report states that the patient was trialed on Nucynta IR and ER several visits ago and she states that she has good pain relief from the medications. She is able to do things around the house and often needs assistance from her son to help with her ADLs and home chores. On 12/09/14 and 02/10/15, she rated her pain as a 5-6/10 with medications and an 8-9/10 without medications. On 04/08/15, she rated her pain as a 5/10 with medications and an 8-9/10 without medications. She is taking her medications only as prescribed and states her pain is better controlled on her current Rx without reports of any new side effects. Although the treater provides before-and-after pain scales and discusses side effects, not all of the 4 A's are addressed as required by MTUS guidelines. The treater indicates that the patient can do house chores and ADLs; however, there are no specific house chores and ADLs discussed. No validated instruments are used either. There are no urine drug screens provided to see if the patient is compliant with her prescribed medications nor are there any pain management issues discussed such as CURES report, pain contract, et cetera. No outcome measures are provided as required by MTUS Guidelines. The treating physician does not provide proper documentation that is required by MTUS Guidelines for continued opiate use. Therefore, the requested Nucynta IS NOT medically necessary.

Cymbalta 60 mg Qty 60 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants for chronic pain Page(s): 13-16.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-17.

Decision rationale: The patient was injured on 07/21/00 and presents with pain in her left hand, right hand, and lower back. The request is for Cymbalta 60 mg Qty 60 with 1 refill. The RFA is dated 02/10/15 and the patient is retired. She has been taking this medication as early as 10/13/14. Progress reports are provided from 10/13/14 to 04/22/15. For Cymbalta, the MTUS guidelines page 16-17 states, Duloxetine (Cymbalta) is FDA-approved for anxiety, depression, diabetic neuropathy, and fibromyalgia. Used off-label for neuropathic pain and radiculopathy. Duloxetine is recommended as a first-line option for diabetic neuropathy. Trial period: Some relief may occur in first two weeks; full benefit may not occur until six weeks. The patient is

diagnosed with lumbar disc displacement, carpal tunnel syndrome, tenosynovitis of hand/wrist, and chronic pain syndrome. She has a limited lumbar spine range of motion, painful neck movement, spasm/tenderness along the paravertebral muscles, and a positive straight leg raise. On 12/09/14 and 02/10/15, she rated her pain as a 5- 6/10 with medications and an 8-9/10 without medications. On 04/08/15, she rated her pain as a 5/10 with medications and an 8-9/10 without medications. She is taking her medications only as prescribed and states her pain is better controlled on her current Rx without reports of any new side effects. The treater does not specifically discuss efficacy of Cymbalta on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Cymbalta IS NOT medically necessary.

Gabapentin 600 mg Qty 90 with 1 refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Page(s): 16-22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiepilepsy drugs (AEDs) Medications for chronic pain Page(s): 18-19, 60.

Decision rationale: The patient was injured on 07/21/00 and presents with pain in her left hand, right hand, and lower back. The request is for GABAPENTIN 600 MG QTY 90 WITH 1 REFILL. The RFA is dated 02/10/15 and the patient is retired. She has been taking this medication as early as 10/13/14. Progress reports are provided from 10/13/14 to 04/22/15. MTUS Guidelines page 18 and 19 revealed the following regarding gabapentin, Gabapentin has been shown to be effective for treatment of diabetic painful neuropathy and post therapeutic neuralgia and has been considered a first-line treatment for neuropathic pain. Gabapentin also requires 30% reduction of symptoms. MTUS page 60 also states, A record of pain and function with the medication should be recorded, when medications are used for chronic pain. The patient is diagnosed with lumbar disc displacement, carpal tunnel syndrome, tenosynovitis of hand/wrist, and chronic pain syndrome. She has a limited lumbar spine range of motion, painful neck movement, spasm/tenderness along the paravertebral muscles, and a positive straight leg raise. On 12/09/14 and 02/10/15, she rated her pain as a 5-6/10 with medications and an 8-9/10 without medications. On 04/08/15, she rated her pain as a 5/10 with medications and an 8-9/10 without medications. She is taking her medications only as prescribed and states her pain is better controlled on her current Rx without reports of any new side effects. The treater does not specifically discuss efficacy of Gabapentin on any of the reports provided. MTUS Guidelines page 60 states that when medications are used for chronic pain, recording of pain and function needs to be provided. Due to lack of documentation, the requested Gabapentin IS NOT medically necessary.