

Case Number:	CM15-0099139		
Date Assigned:	06/01/2015	Date of Injury:	11/02/2009
Decision Date:	07/07/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/22/2015

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:

This 54 year old female sustained an industrial injury on 11/02/09. She subsequently reported back pain. Diagnoses include cervicalgia, lumbago and chronic pain syndrome. Treatments to date include MRI and x-ray testing, physical therapy, surgery and prescription pain medications. The injured worker continues to experience back pain and left greater than right leg pain. Upon examination, there was lumbar paraspinal spasm noted. Trigger points L5, sciatic right and left, iliac crest, lumbar paraspinals right and left side. Range of motion was 25 percent reduced. A request for Hydrocodone-Acetaminophen 10mg-325mg, per 5/13/15 order #120 and Nucynta ER 250mg, per 5/13/15 order #60 was made by the treating physician.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 10mg-325mg, per 5/13/15 order #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80, 91, 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 presents with pain in back and left leg, as per progress report dated 05/11/15. The request is for Hydrocodone-Acetaminophen 10mg - 325mg #120. There is no RFA for this case, and the patient's date of injury is 11/02/09. The patient is status post lumbar surgery in 2009, as per progress report dated 05/11/15. The patient suffers from failed back syndrome, hypertension and diabetes. Medications included Diovan, Flexeril, Lexapro, Lidoderm patch, Norco, Nucynta, and Xanax. The patient is retired as per the same progress report. 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. In this case, a prescription for Norco is first noted in progress report dated 10/28/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not use a numerical scale to demonstrate a measurable reduction in pain nor does the treater provide examples that indicate improvement in function. No UDS or CURES reports are available for review. The treater does not discuss the side effects of Norco as well. MTUS requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Hence, this request is not medically necessary.

Nucynta ER 250mg, per 5/13/15 order #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (updated 04/30/15) - Online Version, Tapentadol (Nucynta).

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 presents with pain in back and left leg, as per progress report dated 05/11/15. The request is for Nucynta Er 250mg #60. There is no RFA for this case, and the patient's date of injury is 11/02/09. The patient is status post lumbar surgery in 2009, as per progress report dated 05/11/15. The patient suffers from failed back syndrome, hypertension and diabetes. Medications included Diovan, Flexeril, Lexapro, Lidoderm patch, Norco, Nucynta, and Xanax. The patient is retired as per the same progress report. 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. In this case, a prescription for Nucynta is first noted in progress report dated 10/28/14, and the patient has been taking the medication consistently at least since then. The treater, however, does not use a numerical scale to demonstrate a measurable reduction in pain nor does the treater provide examples that indicate improvement in function. No UDS or CURES reports are available for review. The treater does not discuss the side effects of Nucynta as well. MTUS

requires a clear discussion regarding the 4As, including analgesia, ADLs, adverse side effects, and aberrant behavior. Hence, this request is not medically necessary.