MAXIMUS Federal Services

Case Number:	CM13-0024111		
Date Assigned:	11/20/2013	Date of Injury:	05/31/2000
Decision Date:	01/22/2014	UR Denial Date:	08/19/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 49-year-old male with a reported date of injury on 05/31/2000. The patient presented with low back pain, numbness, pain radiation to the legs, tenderness to palpation at the L5-S1 level, a positive supine straight leg raise bilaterally, decreased strength in the bilateral lower extremities, decreased sensation in the bilateral L4 and L5 dermatomes, decreased sensation in the right S1 dermatome, and deep tendon reflexes in the lower extremities were decreased but equal. The patient had a negative sitting straight leg raise bilaterally, toe walking was normal, and heel walking was normal. The patient had diagnoses including lumbar disc displacement without myelopathy, lumbar radiculopathy, degenerative disc disease of the lumbar spine, and postlaminectomy syndrome of the lumbar spine. The physician's treatment plan included requests for senna 8.6/50 mg #30, nortriptyline HCL 50 mg #30, Omeprazole 20 mg #30, Adderall 20 mg #30, and Nucynta 100 mg #240.

IMR ISSUES, DECISIONS AND RATIONALES

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

Senna 8.6/50 mg #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, criteria for use Page(s): 77. Decision based on Non-MTUS Citation MedlinePlus

Decision rationale: The MTUS guidelines note during the initiation of opioid therapy, prophylactic treatment of constipation should be initiated. MedlinePlus notes senna is used on a short-term basis to treat constipation as well as to empty the bowels before surgery and certain medical procedures. Senna is in a class of medications called stimulant laxatives and it works by increasing activity of the intestines to cause a bowel movement. Frequent or continued use of senna may cause dependence on laxatives and cause patients bowels to lose their normal activity. It was noted within the provided documentation the medication senna was being utilized for opioid induced constipation. Per the provided documentation, the patient was utilizing Nucynta and Nucynta extended release (ER), as well as Norco. As the medication is to be utilized for opioid induced constipation and it appears, per the provided documentation, the patient is utilizing Norco and Nucynta ER, the medication would be indicated.

Nortriptyline HCL 50 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The MTUS guidelines note antidepressants are recommended as a first line option for neuropathic pain, and as a possibility for non-neuropathic pain. Tricyclics are generally considered a first line agent unless they are ineffective, poorly tolerated, or contraindicated. The guidelines note antidepressants are recommended for patients with neuropathic pain as a first line option, especially if pain is accompanied by insomnia, anxiety, or depression. The guidelines note antidepressants are recommended for patients with non-neuropathic pain as an option in depressed patients, but effectiveness is limited. Non-neuropathic pain is generally treated with analgesics and anti-inflammatories. Within the provided documentation, it did not appear the patient had a diagnosis of neuropathic pain. Additionally, within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Therefore, the request is non-certified.

Omeprazole 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section NSAIDs, GI symptoms Page(s): 68-69.

Decision rationale: The MTUS guidelines recommend the use of a proton pump inhibitor (such as omeprazole) for patients at intermediate risk for gastrointestinal events with no cardiovascular disease and patients at high risk for gastrointestinal events with no cardiovascular disease. The guidelines note to determine if the patient is at risk for gastrointestinal events: (1) age > 65 years;

(2) history of peptic ulcer, GI bleeding or perforation; (3) concurrent use of ASA, corticosteroids, and/or an anticoagulant; or (4) high dose/multiple nonsteroidal anti-inflammatory drugs (NSAID) (e.g., NSAID + low-dose ASA). Within the provided documentation, it was unclear if the patient was at risk for gastrointestinal events. There was no documentation that the patient had a history of peptic ulcer, GI bleeding, or perforation. Therefore, the request is non-certified

Adderall 20 mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MedlinePlus.

Decision rationale: The California MTUS guidelines, ACOEM, and The Official Disability Guidelines do not specifically address Adderall. MedlinePlus notes that Adderall is used as part of a treatment program to control symptoms of attention deficit hyperactivity disorder (ADHD; more difficulty focusing, controlling actions, and remaining still or quiet than other people who are the same age) in adults and children. Adderall is also used to treat narcolepsy (a sleep disorder that causes excessive daytime sleepiness and sudden attacks of sleep). Adderall is in a class of medications called central nervous system stimulant and it works by changing the amounts of certain natural substances in the brain. Within the provided documentation, the requesting physician's rationale for the request was unclear. Within the provided documentation, it did not appear the patient had a diagnosis that would indicate the patient's need for the medication at this time. Therefore, the request is non-certified.

Nucynta 100 mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids, criteria for use Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (chronic), Tapentadol (Nucyntaâ¿¢).

Decision rationale: The MTUS guidelines recommend patients utilizing opioid medication should obtain prescriptions from a single practitioner, medications should be taken as directed, and all prescriptions should come from a single pharmacy. Providers should prescribe the lowest possible dose in order to improve pain and function. Provider should conduct ongoing review with documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's

response to treatment. The Official Disability Guidelines further state Nucynta is recommended as second line therapy for patients who develop intolerable adverse effects with first line opioids. The provider noted the patient reported average pain of 10/10 without medications and 6/10 with medications. The patient's pain at the visit was rated 9/10. The provider noted the patient's medications were prescribed to keep the patient functional, allow for increased mobility, and allow for tolerance of activities of daily living and home exercises. Within the provided documentation, the requesting physician did not include adequate documentation of significant objective functional improvement with the use of the medication. Additionally, the requesting physician did not include an adequate and full assessment of the patient's pain, including the least reported pain over the period since the last assessment, how long it takes for pain relief, and how long pain relief lasts. Therefore, the request is non-certified.