MAXIMUS Federal Services

Case Number:	CM13-0024639		
Date Assigned:	11/20/2013	Date of Injury:	04/30/2004
Decision Date:	01/09/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/16/2013

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 Pain Medicine and is licensed to practice in Ohio and Texas. 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 44-year-old female who reported a work-related injury on 04/30/2004. The patient's diagnoses are listed as cervical spine sprain/strain syndrome, cervical radiculopathy secondary to disc protrusion at C5-6 and C6-7, bilateral upper extremities sprain/strain syndrome, right shoulder impingement, depression and anxiety and sleep disruption. An MRI of the patient's cervical spine revealed disc desiccation and loss of disc height at the C5-6 and C6-7 levels with moderate right foraminal stenosis at the C5-6 level with indentation of the right C6 nerve root. The patient underwent an epidural steroid injection at C5-6 and C6-7 on the right on 04/20/2012 and has been managing her pain by pharmacological means. The patient's medications included Nucynta, Flexeril, Ambien, Norco and Phenergan.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 pain management evaluation: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Office Visits..

Decision rationale: The clinical note dated 07/24/2013 stated that the patient complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The patient stated that she was having headaches, dizziness, loss of memory and difficulty concentrating due to her neck pain. The patient reported that during the course of the performance of her activities of daily living, there was still a significant amount of pain and stiffness of the cervical and lumbar spines and bilateral upper and lower extremities. Objective findings included paraspinal muscle tenderness to palpation, restricted and painful ranges of motion, decreased sensation to light touch in the cervical spine and unable to perform heel and toe walk. The patient was prescribed Nucynta 100 mg 5 times daily as well as Flexeril 5 mg 1 tablet every morning, 1 tablet in the afternoon and 2 tablets at bedtime; Ambien 10 mg at bedtime for sleep; Norco 10/325 mg 5 times daily as needed for pain and Phenergan 25 mg 3 times a day. The clinical note dated 08/21/2013 stated that the patient presented for a pain management followup visit. She complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The objective findings and orders were the same as the previous clinical note. The Official Disability Guidelines indicate that office visits are recommended as determined to be medically necessary. The need for a clinical office visit with a healthcare provider is individualized based upon a review of the patient's concerns, signs and symptoms, clinical stability and reasonable physician judgment. There was no recent evidence in the submitted documentation that the patient had failed conservative treatment, to include physical therapy or a home exercise program. The patient was noted to have undergone physical therapy after her surgeries, yet there was no recent evidence stating that the patient had tried and failed conservative care management for her pain. Therefore, a referral to a specialist for consideration of pain is not indicated. Therefore, the request for 1 pain management evaluation is non-certified.

Nycynta 100 mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Tapentadol..

Decision rationale: The clinical note dated 07/24/2013 stated that the patient complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The patient stated that she was having headaches, dizziness, loss of memory and difficulty concentrating due to her neck pain. The patient reported that during the course of the performance of her activities of daily living, there was still a significant amount of pain and stiffness of the cervical and lumbar spines and bilateral upper and lower extremities. Objective findings included paraspinal muscle tenderness to palpation, restricted and painful ranges of motion, decreased sensation to light touch in the cervical spine and unable to perform heel and toe walk. The patient was prescribed Nucynta 100 mg 5 times daily as well as Flexeril 5 mg 1 tablet every morning, 1 tablet in the afternoon and 2 tablets at bedtime; Ambien 10 mg at bedtime for sleep; Norco 10/325 mg 5 times daily as needed for pain

and Phenergan 25 mg 3 times a day. The clinical note dated 08/21/2013 stated that the patient Final Determination Letter for IMR [redacted] 4 presented for a pain management followup visit. She complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The objective findings and orders were the same as the previous clinical note. The Official Disability Guidelines indicate that Nucynta is recommended as a second-line therapy for patients who develop intolerable adverse effects with first-line opioids. The patient was noted to be taking Norco and did not report any adverse effects with this medication. The California Medical Treatment Guidelines for Treatment with Opioids state that a satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improved quality of life. There was no clear documented evidence submitted of any significant subjective, objective or functional improvement resulting from the use of Nucynta. There was no pain-related assessment that included a history of pain treatment and the effect of pain on function for the patient. As such, the prescription of Nucynta 100 mg #150 is non-certified.

Ambien 10mg #30: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Zolpidem..

Decision rationale: The clinical note dated 07/24/2013 stated that the patient complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The patient stated that she was having headaches, dizziness, loss of memory and difficulty concentrating due to her neck pain. The patient reported that during the course of the performance of her activities of daily living, there was still a significant amount of pain and stiffness of the cervical and lumbar spines and bilateral upper and lower extremities. Objective findings included paraspinal muscle tenderness to palpation, restricted and painful ranges of motion, decreased sensation to light touch in the cervical spine and unable to perform heel and toe walk. The patient was prescribed Nucynta 100 mg 5 times daily as well as Flexeril 5 mg 1 tablet every morning, 1 tablet in the afternoon and 2 tablets at bedtime; Ambien 10 mg at bedtime for sleep; Norco 10/325 mg 5 times daily as needed for pain and Phenergan 25 mg 3 times a day. The clinical note dated 08/21/2013 stated that the patient presented for a pain management followup visit. She complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The objective findings and orders were the same as the previous clinical note. The Official Disability Guidelines indicate that Ambien is a prescription short-acting nonbenzodiazepine hypnotic which is approved for the short-term (usually 2 to 6 weeks) treatment of insomnia. Guidelines indicate that this medication is rarely used for long-term treatment as it can be habit-forming, may impair function and memory and could increase pain and depression over the long-term. Furthermore, due to adverse effects, the FDA now requires lower doses for Ambien. The dose for women should be lowered from 10 mg to 5 mg for IR products. Given the above, the request for 1 prescription of Ambien 10 mg #30 is non-certified.

Norco 10/325mg #150: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78, 91.

Decision rationale: The clinical note dated 07/24/2013 stated that the patient complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The patient stated that she was having headaches, dizziness, loss of memory and difficulty concentrating due to her neck pain. The patient reported that during the course of the performance of her activities of daily living, there was still a significant amount of pain and stiffness of the cervical and lumbar spines and bilateral upper and lower extremities. Objective findings included paraspinal muscle tenderness to palpation, restricted and painful ranges of motion, decreased sensation to light touch in the cervical spine and unable to perform heel and toe walk. The patient was prescribed Nucynta 100 mg 5 times daily as well as Flexeril 5 mg 1 tablet every morning, 1 tablet in the afternoon and 2 tablets at bedtime; Ambien 10 mg at bedtime for sleep; Norco 10/325 mg 5 times daily as needed for pain and Phenergan 25 mg 3 times a day. The clinical note dated 08/21/2013 stated that the patient presented for a pain management followup visit. She complained of constant pain and discomfort in the neck and bilateral shoulders with pain radiating down to the bilateral forearms, hands and fingers. The objective findings and orders were the same as the previous clinical note. The California Medical Treatment Guidelines for Chronic Pain indicate that Norco is recommended for moderate to moderately severe pain. Guidelines further state that in order for long-term opioid treatment to be appropriate, there must be documented evidence of improved functioning, pain reduction and/or a return to work status. Per the submitted documentation, the most recent clinical notes indicate that the patient's pain and functioning have remained constant. The patient's pain level has remained the same as well as her activity levels and abilities. There were no functional benefits noted which could be objectively measured due to the use of Norco. As such, the request for 1 prescription of Norco 10/325 mg #150 is non-certified.