

Case Number:	CM13-0026603		
Date Assigned:	06/06/2014	Date of Injury:	05/16/2001
Decision Date:	07/12/2014	UR Denial Date:	09/03/2013
Priority:	Standard	Application Received:	09/19/2013

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. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in New Jersey. 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/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 worker is a 70 year old male who was injured on May 16, 2001 leading to chronic back pain. He was diagnosed with mood disorder, spondylolisthesis, and chronic back pain, according to the records. On August 20, 2013 the worker was seen by his treating physician complaining of his lower back pain radiating into bilateral legs which had been unchanged since the last visit. He reported poor quality sleep, and reported taking his usual medications which he had been taking for at least many months, according to the notes provided, and included Viagra, Ultram, Paxil, Nucynta, and Methadone. He was denied Lidoderm, which he had been taking previously, but it had been denied and he reported having more back pain since stopping this. He reported no side effects of the medications. Physical examination was significant for paraspinal muscle tenderness and spasm bilaterally in the lumbar area, and otherwise was normal. It was also reported by his physician that the overall combination of his medications had been controlled his pain somewhat effectively and improved his function, although he still remained with continual pain. He was recommended to continue his medications, including his Lidocaine patch, which was previously denied. Urine toxicology screening was done periodically over the past few years with his opioid use.

IMR ISSUES, DECISIONS AND RATIONALES

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

VIAGRA 100MG, ONE (1) TABLET BY MOUTH DAILY AS NEEDED: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation National Center for Biotechnology Information - www.ncbi.nlm.nih.gov.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Sildenafil Citrate, a selective phosphodiesterase type 5 inhibitor: urologic and cardiovascular implications, Nehra A, 2001 (<http://www.ncbi.nlm.nih.gov>).

Decision rationale: The California MTUS Guidelines do not comment on Viagra use, which is used for erectile dysfunction. The worker in this case has no diagnosis of erectile function, at least what is reported in his progress notes and documents provided for review. Also, no number of pills was requested. Therefore, the Viagra is not medically necessary.

ULTRAM 50MG, 1.5 TABLETS BY MOUTH THREE (3) TIMES PER DAY AS NEEDED: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-80.

Decision rationale: The Chronic Pain Medical Treatment Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Although this review was mostly covered in the notes provided, more detail was needed in regards to functional improvement with the use of this medication. Also, there was no number of pills requested. Therefore, the Ultram is not medically necessary.

PAXIL CR 25MG, TWO (2) TABLETS BY MOUTH DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines SSRIs (selective serotonin reuptake inhibitors) Page(s): 107.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The MTUS Chronic Pain Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant

choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of 1 week should be long enough to determine efficacy for analgesia and 4 weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. The worker in this case was presumably using Paxil and Nycynta primarily to treat his mood disorder which would be reasonable. If the intention was also to treat his chronic back pain, then documentation of functional improvement and pain relief due to this medication is lacking. Also, there was no number of pills requested. Therefore, the Paxil is not medically necessary.

NUCYNTA 75MG, ONE (1) TABLET BY MOUTH TWO (2) TIMES PER DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain, Tapentadol (Nucynta).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN Page(s): 13-16.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that antidepressants used for chronic pain may be used as a first line option for neuropathic pain and possibly for non-neuropathic pain. Tricyclics are generally considered first-line within the antidepressant choices, unless they are not effective, poorly tolerated, or contraindicated. A trial of one-week should be long enough to determine efficacy for analgesia and four-weeks for antidepressant effects. Documentation of functional and pain outcomes is required for continuation as well as an assessment of sleep quality and duration, psychological health, and side effects. It has been suggested that if pain has been in remission for 3-6 months while taking an anti-depressant, a gradual tapering may be attempted. The worker in this case was presumably using Paxil and Nycynta primarily to treat his mood disorder which would be reasonable. If the intention was also to treat his chronic back pain, then documentation of functional improvement and pain relief due to this medication is lacking. Also, there was no number of pills requested. Therefore, the Nucynta is not medically necessary.

METHADONE HCL 5MG, 0.5 TABLETS BY MOUTH TWO (2) TIMES PER DAY:
Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61-62.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines METHADONE Page(s): 61-62.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that methadone can be recommended as a second-line drug for moderate to severe pain if the benefits outweigh the risks. Guidelines require that for opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation

of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. There is limited documentation for specific functional and pain relief due to this medication, from what was provided for review. However, the worker has been taking this medication for a long time. In this request, however, there was no specific number of pills requested. Therefore, the methadone is not medically necessary.

LIDODERM 5% PATCH, ONE PATCH TO SKIN DAILY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TOPICAL ANALGESICS Page(s): 112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines LIDODERM (LIDOCAINE PATCH) Page(s): 56-57.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that topical lidocaine is not a first-line therapy for chronic pain, but may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (including tri-cyclic, SNRI anti-depressants, or an AED such as gabapentin or Lyrica). In this case, the worker had been using this medication for a long time and had recently noticed significant increase in his pain (reported) without its use and inability to walk as much without it. This would alone qualify for approval; however, there was no number of patches requested. Therefore, the Lidocaine patches are not medically necessary.