

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0040014 | | |
| Date Assigned: | 12/20/2013 | Date of Injury: | 07/10/1999 |
| Decision Date: | 02/05/2014 | UR Denial Date: | 09/27/2013 |
| Priority: | Standard | Application Received: | 10/08/2013 |

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 Family Medicine and is licensed to practice in 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 30-year-old male who reported a work-related injury on 07/20/1999, with resulting strain to the lumbar spine and right upper extremity. The patient is subsequently status post a recent right scalenectomy. The clinical note reports the patient was seen under the care of [REDACTED] postoperatively. The provider documents the patient is satisfied by earlier improvement postoperatively with decreased headaches and improvement of the right shoulder range of motion. The provider documents postoperatively the patient is showing early signs of improvement which will continue as the patient completes postoperative therapies. The provider documented the patient had a flare-up of GERD after scalenectomy and would be restarted on Nexium, Carafate, and Gaviscon. The provider documents the patient has held off the use of narcotic analgesics postoperatively. In fact, the provider documented the patient's urine drug screen was negative for opiates. The provider documented the patient has had improvement in neck and right shoulder range of motion as well as of mood. The patient has discontinued Nucynta and urine drug screening was negative for opiates. The provider documents the patient presents for treatment of the following diagnoses: Postlaminectomy syndrome, failed spinal cord stimulator trial, bilateral postlaminectomy sacroiliitis, right shoulder impingement syndrome status post right shoulder arthroscopic decompression in 04/2008 with residuals, right thoracic outlet syndrome with associated vascular headaches, narcotic dependency, and severe gastritis with reflux. The provider documents authorization requests for the following medications: Continue Nucynta ER 100 mg by mouth twice daily, continue tizanidine 400 mg by mouth twice daily, continue Nexium 40 mg by mouth twice daily, Continue Carafate 1 g before meals and at bedtime, continue Gaviscon, and continue Qvalaquin 324 mg by mouth at bedtime for nocturnal cramping

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta ER 100mg, #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: The current request is not supported. The clinical documentation submitted for review documents the patient presents status post a work-related injury sustained in 07/1999, the provider documents the patient had significantly improved status post a right scalenectomy. The provider documented the patient had not been utilizing his Nucynta following the operative procedure, and in fact had tested negative via a urine drug screen. As the patient had reported great improvement postoperatively, it is unclear whether the provider is recommending continuation of the patient's medication regimen. A subsequent urine drug screen dated 10/15/2013 reported the patient tested negative for all opiates. California MTUS indicates, "California MTUS state Nucynta "is seen as an effective method in controlling chronic pain. It is often used for intermittent or breakthrough pain." The guidelines also state "4 domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors)." Given all of the above, the request for Nucynta ER 100mg, #60 is not medically necessary or appropriate.

Quaalun 324mg #30: Upheld

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

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.drugs.com/mtm/qualaquin.html>

Decision rationale: The current request is not supported. The clinical documentation submitted for review reported the patient was to utilize 324 mg of Quaalun at bedtime for nocturnal cramping. California MTUS/ACOEM and Official Disability Guidelines do not specifically address this medication. However, the FDA website indicates Quaalun's use in the treatment or prevention of nocturnal leg cramps may result in serious and life-threatening hematologic reactions including thrombocytopenia, hemolytic uremic syndrome/thrombotic thrombocytopenic purpura. The risks associated with Quaalun used in the absence of evidence of its effectiveness in the treatment or prevention of nocturnal leg cramps outweighs any potential benefit. Given the above, the request for Quaalun 324mg #30 is not medically necessary or appropriate.

