

Case Number:	CM13-0043914		
Date Assigned:	12/27/2013	Date of Injury:	03/12/2001
Decision Date:	03/06/2014	UR Denial Date:	10/09/2013
Priority:	Standard	Application Received:	10/31/2013

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 & Rehabilitation, has a subspecialty Pain Management 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:

This patient reported a date of injury of March 12, 2001. A utilization review determination dated October 9, 2013 recommends noncertification of spinal endoscopy with nerve root decompression and scar tissue removal, noncertification of saliva DNA test, noncertification of Nucynta (modified to #30), noncertification of GABAdone, and noncertification of Medrox patch. A progress report dated June 5, 2012 includes a statement indicating the patient has had numerous spine surgeries. Subsequent physical therapy and aquatic therapy has not resulted in a long-term improvement. Current complaints include low back pain which radiates into both legs rated as 7/10. The patient's back pain is flared up more than the constant pain which has made her unable to get comfortable at night. The patient's pain limits her function in almost all ADLs. Medications include gabapentin, Flexeril, oyster, topiramate, Pantoprazole, lisinopril, meloxicam, hydrocodone, tizanidine, and Ambien. Failed medications include Vicodin. Physical examination reveals reduced range of motion in the lumbar spine with point tenderness over the L4, L5, and sacral areas. Kemp's test was positive bilaterally, straight leg raise was positive bilaterally, and neurologic examination revealed reduced strength in the lower extremities with normal sensation. Diagnoses include lumbar radiculopathy status post spine surgery X2, chronic pain syndrome, insomnia, narcotic dependence, and neuropathic pain. The treatment plan indicates that the patient has been on fennel patches, using them incorrectly, therefore the requesting physician has recommended discontinuing this medication. The treatment plan includes a request for urine drug screen and request authorization for spinal endoscopy with nerve root decompression, scar tissue removal, antibiotic irrigation of the epidural space and injection of therapeutic solution under direct visualization. Additionally, request is made for a one-time saliva DNA test to assess the patient's predisposition if any to prescription narcotic addiction/dependence. Fentanyl patches and Vicodin are discontinued and

Nucynta is started for severe pain. Gabadone is prescribed for insomnia, and Medrox is prescribed for nighttime pain

IMR ISSUES, DECISIONS AND RATIONALES

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

spinal endoscopy with nerve root decompressions, scar tissue removal, antibiotic irrigation of the epidural space and injection of therapeutic solution: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back chapter, Adhesiolysis, spinal endoscopic, Adhesiolysis, percutaneous.

Decision rationale: Regarding the request for spinal endoscopy with nerve root decompression, scar tissue removal, antibiotic irrigation of the epidural space and injection of therapeutic solution. California MTUS and ACOEM do not contain criteria for the use of this procedure. ODG states that endoscopic spinal adhesiolysis is under study. Regarding adhesiolysis percutaneously, ODG states that it is not recommended. As such, the currently requested procedure is not medically necessary.

one time saliva DNA test: 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 Official Disability Guidelines (ODG), Pain chapter, Cytokine DNA Testing, Genetic testing for Potential Opioid Abuse.

Decision rationale: Regarding a request for saliva DNA test, California MTUS and ACOEM do not contain criteria for this request. ODG states that cytokine DNA testing is not recommended. Additionally, they state that genetic testing for potential opioid abuse is not recommended. As such, the currently requested saliva DNA test is not medically necessary.

Nucynta 75mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-79.

Decision rationale: Regarding the request for Nucynta, California Pain Medical Treatment Guidelines state that Nucynta is an opiate pain medication. Due to high abuse potential, close

follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that Nucynta was prescribed as a new pain medication. The requesting physician has documented that the patient has failed numerous other treatment options including nonnarcotic medication, there is no evidence of abuse of medication or diversion, and the requesting physician has ordered a urine drug screen. Additionally, the patient's function is limited due to her pain. Therefore, a trial of Nucynta seems to meet treatment guidelines. As such, the current request for Nucynta is medically necessary.

GABAdone: Upheld

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

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

Decision rationale: Regarding the request for GABAdone, a search of the Internet indicates that GABAdone is a medical food. California MTUS and ACOEM guidelines do not contain criteria for the use of medical foods. ODG states that medical foods are recommended for the dietary management of a specific medical disorder, disease, or condition for which there are distinctive nutritional requirements. Within the documentation available for review, the requesting physician has not indicated that this patient has any specific nutritional deficits. Additionally, there are no diagnoses, conditions, or medical disorders for which distinctive nutritional requirements are present. In the absence of such documentation, the currently requested GABAdone is not medically necessary.

Medrox Patch #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 111-113.

Decision rationale: Regarding request for Medrox. Medrox is a combination of methyl salicylate, menthol, and capsaicin. Chronic Pain Medical Treatment Guidelines state that any compounded product that contains at least one drug or drug class that is not recommended, is not recommended. Regarding the use of topical nonsteroidal anti-inflammatory, guidelines state that the efficacy in clinical trials for this treatment modality has been inconsistent and most studies are small and of short duration. Topical NSAIDs have been shown in meta-analysis to be superior to placebo during the 1st 2 weeks of treatment for osteoarthritis arthritis, but either not afterwards, or with the diminishing effect over another two-week period. Regarding the use of

capsaicin, guidelines state that it is recommended only as an option for patients who have not responded to, or are intolerant to other treatments. Within the documentation available for review, there is no indication that the patient is unable to tolerate oral NSAIDs. Oral NSAIDs have significantly more guideline support compared with topical NSAIDs. Additionally, there is no indication that the topical NSAID is going to be used only for short duration, as recommended by guidelines. Finally, there is no indication that the patient has been intolerant to, or not responded to other treatments prior to the initiation of capsaicin therapy. In the absence of clarity regarding those issues, the currently requested Medrox is not medically necessary.