

Case Number:	CM13-0056134		
Date Assigned:	12/30/2013	Date of Injury:	05/26/2003
Decision Date:	05/02/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/21/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine 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 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:

This is a 76 year-old female who was injured on 5/26/2003. She has been diagnosed with lumbar strain with L3 compression fracture and R>L radiculopathy; s/p left lower rib fracture, per bone scan, improving; coccygeal fracture with coccydynia; right ankle strain, resolved; cervical strain; post traumatic headaches; mid thoracic strain, and secondary depression due to chronic pain. According to the 10/8/13 neurology report from [REDACTED], the patient presents with 8/10 lower back pain that radiates down both legs, she also has left ribcage pain, neck pain/headaches, depression/anxiety and intermittent stomach upset due to medication use.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nucynta 50mg #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Outcomes and Endpoints Page(s): 8-9. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain chapter, Tapentadol (Nucynta).

Decision rationale: According to the 10/8/13 neurology report from [REDACTED], the patient presents with 8/10 lower back pain that radiates down both legs, she also has left ribcage pain, neck pain/headaches, depression/anxiety and intermittent stomach upset due to medication use. I have been asked to review for necessity of Nucynta. The records show the patient was using Vicodin for pain control, but it started to become less effective and on 5/16/13, [REDACTED] changed Vicodin to Nucynta. On the follow-up report dated 6/27/13, the pain with Nucynta was at 4/10 and without it was 8-9/10. MTUS states: " When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The patient had decreased pain documented with use of Nucynta. This is a satisfactory response according to MTUS, and MTUS guidelines do not require weaning or discontinuing medications that are providing a satisfactory response.

Xanax 0.5mg:

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic) Benzodiazepines

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

Decision rationale: According to the 10/8/13 neurology report from [REDACTED], the patient presents with 8/10 lower back pain that radiates down both legs, she also has left ribcage pain, neck pain/headaches, depression/anxiety and intermittent stomach upset due to medication use. I have been asked to review for necessity of Xanax. The records show the patient has been using Xanax regularly since at least 5/16/13. Xanax is a benzodiazepine. MTUS specifically recommends against using Benzodiazepines over 4-weeks. The request for continued use of Xanax over 5-months is not in accordance with MTUS guidelines.

Prilosec 20mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI symptoms & cardiovascular risk..

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

Decision rationale: According to the 10/8/13 neurology report from [REDACTED], the patient presents with 8/10 lower back pain that radiates down both legs, she also has left ribcage pain, neck pain/headaches, depression/anxiety and intermittent stomach upset due to medication use. I have been asked to review for necessity of Prilosec. The records show that on 5/16/13, the physician noted that naproxen was causing GI upset and Prilosec was recommended. The 10/8/13 report states the same. MTUS states for: "Treatment of dyspepsia secondary to NSAID therapy: Stop the NSAID, switch to a different NSAID, or consider H2-receptor antagonists or a

PPI." The use of Prilosec for dyspepsia secondary to NSAID therapy appears to be in accordance with MTUS guidelines.

1 prescription of Lidoderm patches:

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

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

Decision rationale: According to the 10/8/13 neurology report from [REDACTED], the patient presents with 8/10 lower back pain that radiates down both legs, she also has left ribcage pain, neck pain/headaches, depression/anxiety and intermittent stomach upset due to medication use. I have been asked to review for necessity of Lidoderm patches. MTUS states: ". Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin or Lyrica)." The earliest record available for this IMR is dated 2/21/13, and it mentions the patient is using trazodone. The available records do not show evidence of a trial of first line tri-cyclic antidepressants, or SNRI anti-depressants or antiepileptic medications. Based on the available information it does not appear that the MTUS criteria for Lidoderm patches have been met.