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| Case Number: | CM13-0061873 | | |
| Date Assigned: | 12/30/2013 | Date of Injury: | 05/31/1997 |
| Decision Date: | 09/05/2014 | UR Denial Date: | 10/15/2013 |
| Priority: | Standard | Application Received: | 12/05/2013 |

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 Preventative Medicine, has a subspecialty in Occupational Medicine and is licensed to practice in Iowa. 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 patient is a 63-year-old employee with date of injury of 5/31/1997. Medical records indicate the patient is undergoing treatment for s/p lumbar back surgery with intractable chronic lumbar backache; failed lumbar back surgery syndrome; chronic cervicalgia; chronic right shoulder predominant region arthralgia; recurrent myofascial strain; possible shoulder impingement syndrome and bilateral lower extremity radiculopathic pain. Subjective complaints include 7/10 back pain, neck pain, and shoulder pain, and chronic lumbar back ache. Objective findings include painful restricted range of motion (ROM) involving affected body parts; pain in low back and legs; right and left low back is tender and motor 5/5; SLR R/L 80/85 . Treatment has consisted of Methadone, Ambien, Nuncynta and Clonidine. The utilization review determination was rendered on 10/15/2013 recommending non-certification of Nuncynta 10 MG # 150; Methadone 10 MG # 150 and Ambien 10 #30.

IMR ISSUES, DECISIONS AND RATIONALES

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

NUNCYNTA 10 MG # 150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain, Tapentadol (Nucynta).

Decision rationale: The ODG states that Tapentadol (Nucynta) is recommended as a second line therapy for patients who develop intolerable adverse effects with first line opioids. These recent large RCTs concluded that Tapentadol was efficacious and provided efficacy that was similar to oxycodone for the management of chronic osteoarthritis knee and low back pain, with a superior gastrointestinal tolerability profile and fewer treatment discontinuations". While the treating physician documents a history of GERD and a sound rationale for the use of Nucynta, the patient has developed tolerance to opioid medications. MTUS states that, "Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms". The utilization reviewer 10/15/2013 recommended a plan for weaning off of opioid medications be started. The reviewer only approved 90 tablets. Therefore, the request for Nucynta 10 MG # 150 is not medically necessary.

METHADONE 10 MG # 150: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: The California MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." On 10/15/2013, the utilization reviewer recommended a plan for weaning off opioid medications be started immediately. The reviewer began weaning the patient off Nucynta but continued Methadone because the patient got excellent relief from it. MTUS states that, "Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms". Therefore, the request for Methadone 10 MG # 150 is medically necessary.

AMBIEN 10 #30: 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) Pain Chapter, Zolpidem, insomnia treatment.

Decision rationale: The California MTUS is silent regarding this topic. The Official Disability Guidelines states that Zolpidem (Ambien) is a prescription short acting non-benzodiazepine hypnotic, which is approved for short-term treatment of insomnia or the need for variance from the guidelines, such as "a) Wake at the same time every day; (b) Maintain a consistent bedtime; (c) Exercise regularly (not within 2 to 4 hours of bedtime); (d) Perform relaxing activities before bedtime; (e) Keep your bedroom quiet and cool; (f) Do not watch the clock; (g) Avoid caffeine and nicotine for at least six hours before bed; (h) Only drink in moderation; & (i) Avoid napping." Medical documents also do not include results of these first line treatments, if they were used in treatment of the patient's insomnia. The ODG additionally states, "The specific component of insomnia should be addressed: (a) Sleep onset; (b) Sleep maintenance; (c) Sleep quality; & (d) Next-day functioning." Medical documents provided do not detail these components. Therefore, the request for Ambien is not medically necessary.