

Case Number:	CM14-0000858		
Date Assigned:	01/17/2014	Date of Injury:	05/26/2003
Decision Date:	06/06/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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 Anesthesiology has a subspecialty in 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 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 patient is an employee of [REDACTED] and has submitted a claim for low back and neck pain with an industrial injury date of May 26, 2003. Treatment to date has included physical therapy, home exercises, lumbar transforaminal epidural steroid injection, and medications, which include Vicodin, Naproxen, Robaxin, Nucynta 50 mg TID prn for pain control, Xanax 0.5 mg TID for anxiety due to chronic pain, and Omeprazole. Utilization review from December 17, 2013 modified the request for Nucynta 50 mg #90 to Nucynta 50 mg #60 between 12/3/2013 and 2/11/2014; Xanax 0.5 mg to Xanax 0.5 mg #26 between 12/3/2013 and 2/11/2014; and Prilosec 20mg to Prilosec 20mg, up to #60 between 12/3/2013 and 2/11/2014. The request for the medications was modified because a continued taper for the purposes of weaning was congruent with the guidelines. Medical records from 2012 through 2013 were reviewed, which showed that the patient complained of low back and neck pain, 8/10. Low back pain radiated to both lower extremities, worse on the left side. The patient also complained of intermittent stomach upset. On physical examination, there was moderate tenderness and spasm of the paralumbar muscles bilaterally and there was decreased range of motion of the lumbar spine. SLR test was positive on the right and Lasegue's test was mildly positive bilaterally. Paracervical muscles showed slight spasm bilaterally. Spurling's sign was negative on both sides. There was also slight spasm of interscapular parathoracic muscles from about T6 to about T12. Usual gait was slow.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF NUCYNTA 50MG, #90: 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), Pain (Chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-81.

Decision rationale: According to pages 79-81 of the Chronic Pain Medical Treatment Guidelines, ongoing opioid treatment is not supported unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, given the 2003 date of injury, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. The records do not clearly reflect continued analgesia, continued functional benefit, a lack of adverse side effects, or aberrant behavior. Although opiates may be appropriate, additional information would be necessary, as CA MTUS require clear and concise documentation for ongoing management. Discontinuance should include tapering prior to discontinuing to avoid withdrawal symptoms. Therefore, the request for Nucynta 50mg #90 is not medically necessary.

PRESCRIPTION OF XANAX 0.5MG: Upheld

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

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

Decision rationale: According to page 24 of the Chronic Pain Medical Treatment Guidelines, benzodiazepines are not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence. Most guidelines limit use to 4 weeks. In this case, the duration of benzodiazepine use was not clear. The records also did not document continued functional benefit, a lack of adverse side effects, or aberrant behavior. Therefore, the request for Xanax 0.5 mg is not medically necessary.

PRESCRIPTION OF PRILOSEC 20MG: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms and Cardiovascular Risk.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 68.

Decision rationale: According to page 68 of the Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are supported in the treatment of patients with GI disorders such as

gastric/ duodenal ulcers, GERD, erosive esophagitis, or patients utilizing chronic NSAID therapy. In this case, patient complained of stomach upset; the treating physician suggests that the complaint was a result of chronic NSAID use. Therefore, the request for Prilosec 20 mg is medically necessary.