

Case Number:	CM14-0005965		
Date Assigned:	02/19/2014	Date of Injury:	05/26/1991
Decision Date:	07/08/2014	UR Denial Date:	12/26/2013
Priority:	Standard	Application Received:	01/13/2014

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, Pain 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 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 injured worker is a 63 year old female who sustained an injury on 05/26/91. No specific mechanism of injury was noted. The patient has been followed for a diagnosis of fibromyalgia. Multiple medications are noted to include the use of Lidoderm, Cymbalta, Provigil, Protonix, Xanax, and Oxycontin. The injured worker's Cymbalta was increased to 60mg in March of 2013. The urinary drug screen results available for review from May of 2013 noted positive results for Benzodiazepines and Oxycodone. The injured worker was switched from Oxycontin to Nucynta ER in June of 2013; however, the injured worker did report increasing pain with the use of Nucynta. Although no specific operative history is discussed, the patient had been diagnosed with post-laminectomy syndrome. The injured worker did fail a previous spinal cord stimulator trial. The injured worker was reported to have benefits from aquatic therapy in regards to functional capacity and pain relief. As of 08/27/13, the injured worker did describe withdrawal symptoms from Oxycontin. On physical examination, there was anxiety present with guarding of the left lower extremity. The injured worker was recommended to continue with aquatic therapy at this visit and Synvisc injections for the right knee were ordered. Medications at this visit included Cymbalta 60mg, Provigil 400mg, Protonix 40mg, Xanax 1mg, Flexeril 10mg, Motrin 800mg, Lidoderm patches, Nucynta ER 150mg twice daily, and Nucynta 100mg once daily for breakthrough pain. Pool therapy was completed by October of 2013. The most recent evaluation on 12/19/13 noted that the injured worker did have benefits from both pool therapy and chiropractic adjustments. The injured worker was requesting a return to Oxycontin as Nucynta was not effective. On physical examination, the injured worker did have continued tenderness in the left hip and buttocks. Some anxiety remained and the injured worker had a guarded gait. It is noted that the injured worker's blood pressure at this evaluation was 199/109. The injured worker was reported to be seen by the emergency room for severe uncontrolled

hypertension. Recommendations were for continued aquatic therapy as well as Synvisc injections. All medications were continued at this visit. A letter from [REDACTED] on 12/19/13 indicated that once the injured worker discontinued Oxycontin, the injured worker had an elevated blood pressure out of control. The injured worker's last blood pressure measurements were 180/100 despite escalation of hypertensive medications. Pool therapy for 8 sessions, Synvisc injections for the right knee, and medications to include Provigil 400mg, Motrin 800mg, quantity 30, Protonix 40mg, quantity 30, Xanax 1mg, quantity 60, Lidoderm patches, quantity 90, Flexeril 10mg, Nucynta ER 150mg, and Nucynta 100mg were non-certified by utilization review on 12/26/13. Cymbalta 60mg, quantity 60 was certified on 12/26/13.

IMR ISSUES, DECISIONS AND RATIONALES

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

POOL THERAPY 2 TIMES 4 QTY: 8 SESSIONS FOR LUMBAR, CERVICAL, AND RIGHT KNEE: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines AQUATIC THERAPY Page(s): 22.

Decision rationale: In regards to the requested pool therapy 2 x a week for 4 weeks, a quantity of 8 sessions for the neck, low back, and right knee, this reviewer would not have recommended this therapy program as medically necessary based on review of the clinical documentation submitted as well as current evidence based guidelines. The injured worker is noted to have had prior aquatic therapy which was reported to provide good benefit in regards to functional ability. Pool therapy also helped the injured worker transition medications from Oxycontin to Nucynta. The clinical documentation does not include any recent goals for the injured worker in regards to continuing aquatic therapy. No prior aquatic therapy reports or summary notes were available for review outlining functional improvements obtained with this type of therapy that would warrant ongoing therapy sessions. Therefore, this reviewer would not have recommended this treatment program as medically necessary.

SYNVISC INJECTION FOR THE RIGHT KNEE: 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) For Knee And Leg, Hyaluronic Acid Injections.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Knee & Leg Chapter, Hyalgan Injections.

Decision rationale: In regards to the Synvisc injection for the right knee, this procedure would not be supported as medically necessary based on review of the clinical documentation submitted

as well as current evidence based guidelines. Synvisc injections are recommended in the treatment of osteoarthritis of the knee. The clinical assessments did not detail any evidence consistent with right knee osteoarthritis that would support Synvisc injections at this point in time. As such, this reviewer would not have recommended medical necessity for this procedure.

CYMBALTA 60 MG, #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS Page(s): 63.

Decision rationale: In regards to Cymbalta 60mg, quantity 60, this was previously certified on utilization review from 12/26/13. The injured worker has been followed for ongoing anxiety stemming from a change in narcotic medications from Oxycontin to Nucynta. Cymbalta is a recommended 1st line medication in the treatment of chronic musculoskeletal complaints as well as depression and anxiety. Given the injured worker's chronic pain symptoms as well as history of anxiety due to medication change, this reviewer would have recommended this medication as medically necessary.

PROVIGIL 400 MG: 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) For Pain Regarding Provigil (Modafinil).

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, Provigil.

Decision rationale: In regards to the use of Provigil 400mg, this reviewer would not have recommended this medication as medically necessary. Provigil is indicated in the treatment of restless leg syndrome and narcolepsy. Guidelines do not recommend its use in the treatment of opioid induced sedation. The injured worker did not present with any objective findings consistent with either restless leg syndrome or narcolepsy. Due to the off-label use of Provigil for this injured worker, this reviewer would not have recommended this medication as medically necessary.

MOTRIN 800 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, (NON-STEROIDAL ANTI-INFLAMMATORY DRUGS).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67.

Decision rationale: In regards to the use of Motrin 800mg, quantity 30, this reviewer would not have recommended this medication as medically necessary. Chronic use of antiinflammatories is not recommended by the clinical literature. Although there are indications for the use of antiinflammatories for treatment of flare ups and/or exacerbation of chronic pain, ongoing long term use of antiinflammatories is not recommended due to risk factors for complications to include liver failure and cardiac problems. Given the lack of any indication that the injured worker was suffering any acute exacerbation of chronic symptoms, this reviewer would not have recommended this medication as medically necessary.

PROTONIX 40 MG, #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI SYMPTOMS AND CARDIOVASCULAR RISK.

MAXIMUS guideline: The Expert Reviewer did not cite any medical evidence for its decision.

Decision rationale: In regards to the use of Protonix 40mg quantity 30, this reviewer would not have recommended this medication as medically necessary. Although the injured worker was using multiple medications for pain, the clinical documentation did not indicate any substantial GI side effects with the regimen that would support the use of a proton pump inhibitors. There was also no evidence from the clinical documentation to support any other GI diagnoses for the injured worker that would support the use of a proton pump inhibitors. As such, this medication would not be indicated as medically necessary.

XANAX 1 MG, #60: Upheld

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

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

Decision rationale: In regards to the use of Xanax 1mg, quantity 60, this reviewer would not have recommended this medication as medically necessary. Benzodiazepines are not recommended for long term use or for chronic pain. The injured worker did have noted anxiety which was being addressed with Cymbalta. There is no indication from the clinical reports that the injured worker was attaining any substantial functional benefit from this medication that would have warranted its ongoing use. Therefore, this reviewer would not have recommended this medication as medically necessary.

LIDODERM (PATCHES #90): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
LIDODERM Page(s): 56.

Decision rationale: In regards to Lidoderm patches, quantity 90, this reviewer would not have recommended this medication as medically necessary. Lidoderm patches are indicated in the treatment of neuropathic pain when there has been a failure of 1st line medications such as antidepressants or anticonvulsants. The injured worker has continually utilized Cymbalta for both chronic musculoskeletal complaints as well as for anxiety. There is no indication that the injured worker has failed a reasonable trial of anticonvulsants to support this medication's use. Therefore, this reviewer would not have recommended this medication as medically necessary.

FLEXERIL 10 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MUSCLE RELAXANTS (FOR PAIN).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
MUSCLE RELAXANTS Page(s): 63-67.

Decision rationale: In regards to Flexeril 10mg, this reviewer would not have recommended this medication as medically necessary. Long term use of muscle relaxers is not recommended in the clinical literature. There is limited efficacy to establish that long term use of muscle relaxants leads to any substantial functional benefit or pain relief. Muscle relaxers can be utilized in the treatment of acute exacerbation for flare ups of chronic musculoskeletal complaints. However, there is no indication that this occurred for this injured worker. Therefore, this reviewer would not have recommended this medication as medically necessary.

NUCYNTA ER 150 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to Nucynta ER 150mg, this reviewer would not have recommended certification for this medication. Nucynta ER is utilized for long term pain control. It is indicated when there has been a failure of other narcotic medications to provide substantial pain relief or if there were side effects with other extended release narcotics. In this case, the clinical documentation clearly indicates that Nucynta ER was not providing any substantial benefit to the injured worker. The injured worker continually wished to be returned to Oxycontin which was more beneficial in regards to pain control. Given the lack of any clear indications that Nucynta was providing any functional benefit or pain reduction for this injured worker's ongoing chronic pain, this reviewer would not have recommended this medication as medically necessary.

NUCYNTA 100 MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES, CRITERIA FOR USE Page(s): 88-89.

Decision rationale: In regards to Nucynta 100mg, this reviewer would not have recommended certification for this medication. Nucynta is utilized for breakthrough pain control. It is indicated when there has been a failure of other narcotic medications to provide substantial pain relief or if there were side effects with other extended release narcotics. In this case, the clinical documentation clearly indicates that Nucynta was not providing any substantial benefit to the injured worker. The injured worker continually wished to be returned to Oxycontin which was more beneficial in regards to pain control. Given the lack of any clear indications that Nucynta was providing any functional benefit or pain reduction for this injured worker's ongoing chronic pain, this reviewer would not have recommended this medication as medically necessary.