

Case Number:	CM14-0007991		
Date Assigned:	02/07/2014	Date of Injury:	10/30/2001
Decision Date:	08/26/2014	UR Denial Date:	12/30/2013
Priority:	Standard	Application Received:	01/17/2014

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 a 64 year-old female who has filed a claim for cervical and lumbar post-laminectomy syndrome associated with an industrial injury date of October 30, 2001. Review of progress notes reports. Findings include severe bilateral upper extremity weakness; limited neck, shoulder, and lumbar range of motions; and tenderness of the lumbar area. Cervical MRI performed in March 15, 2013 showed post-fusion changes, mild to moderate right neuroforaminal narrowing at C5-6, and 1-2mm broad-based posterior disc bulge at C6-7. Treatment to date has included NSAIDs, opioids, muscle relaxants, Gabapentin, Pristiq, Dexilant, cervical trigger point injections, and cervical and lumbar fusion surgeries. Patient also experiences depression symptoms. Current medications include Duragesic patch 25mcg, Nucynta 100mg, Celebrex 200mg, Neurontin 300mg, Pristiq 50mg, Tizanidine 4mg, and Dexilant 60mg. Utilization review from December 30, 2013 denied the request for Tizanidine as there is no current documentation of muscle spasms.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC PATCH 25MCG: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 78-81.

Decision rationale: As noted on pages 44 and 78-81 of the Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Duragesic is at fentanyl transdermal therapeutic system. Duragesic is indicated in management of chronic pain in patients who require continuous opioid analgesia for pain that cannot be managed by other means. Patient has been on this medication since at least November 2013. There is note that this medication improves function. Measures of efficacy were not documented. Previous utilization review determination, dated December 30, 2013, has already certified this request for a quantity of 15. Given lack of efficacy with prior use, indications are not established. Therefore, the request for Duragesic patch is not medically necessary.

NUCYNTA 100MG: 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, Tapentadol (Nucynta).

Decision rationale: California MTUS does not address this topic. ODG states that Tapentadol is recommended as a second line therapy for patients who develop intolerable adverse effects with first-line opioids. There is note that the patient had been tried on other first-line opiates including Hydrocodone without effectiveness, and that this medication produces functionality. Patient has been on this medication since at least November 2013. Previous utilization review determination, dated December 30, 2013, has already certified this request for a quantity of 60. Also, the requested quantity is not specified. Therefore, the request for Nucynta 100mg is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.

CELEBREX 200MG: 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 Page(s): 67-69.

Decision rationale: As stated in pages 67-69 of the California MTUS chronic pain medical treatment guidelines, NSAIDs are recommended at the lowest dose for the shortest period in patients with moderate to severe pain and there is no evidence of long-term effectiveness for pain or function. Patient has been on this medication since at least November 2013. Previous utilization review determination, dated December 30, 2013, has already certified this request for

a quantity of 30. Also, the requested quantity is not specified. Therefore, the request for Celebrex 200mg is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.

NEURONTIN 300MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTI-EPILEPSY DRUGS (AEDs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-18.

Decision rationale: As stated on pages 16-18 in the CA MTUS chronic pain and medical treatment guidelines, Gabapentin is useful for treating diabetic painful neuropathy and postherpetic neuralgia, and is considered first-line for neuropathic pain. Patient has been on this medication since at least November 2013. Previous utilization review determination, dated December 30, 2013, has already certified this request. Also, the requested quantity is not specified. Therefore, the request for Neurontin 300mg is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.

DEXILANT 60MG: Upheld

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 Page(s): 68.

Decision rationale: According to page 68 of CA MTUS Chronic Pain Medical Treatment Guidelines, proton pump inhibitors are used in patients on NSAID therapy who are at risk for GI events. Risk factors include age > 65; history of peptic ulcer, GI bleed, or perforation; concurrent use of ASA, corticosteroids, or anticoagulant; and high dose or multiple NSAID use. Use of PPI > 1 year has been shown to increase the risk of hip fracture. Patient has been on this medication since at least November 2013. Previous utilization review determination, dated December 30, 2013, has already certified this request for a quantity of 30. Also, the requested quantity is not specified. Therefore, the request for Dexilant 60mg is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.

PRISTIQ 50MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines ANTIDEPRESSANTS FOR CHRONIC PAIN.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 15, 105.

Decision rationale: As noted on pages 15 and 105 of the Chronic Pain Medical Treatment Guidelines, SNRIs are recommended as an option in first-line treatment of neuropathic pain, especially if tricyclics are ineffective, poorly tolerated, or contraindicated. Patient has been on this medication since at least November 2013. Previous utilization review determination, dated December 30, 2013, has already certified this request for a quantity of 30. Also, the requested quantity is not specified. Therefore, the request for Pristiq 50mg is not medically necessary on the basis that it may lead to duplicate dispensation of the prescribed medication.

TIZANIDINE: 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 Page(s): 63-66.

Decision rationale: As stated in CA MTUS Chronic Pain Medical Treatment Guidelines pages 63-66, non-sedating muscle relaxants are recommended with caution as a second-line option for short-term treatment of acute exacerbations in patients with chronic LBP. They may be effective in reducing pain and muscle tension, and increasing mobility. However, they show no benefit beyond NSAIDs in pain and overall improvement. Patient has been on this medication since at least November 2013. The requested dose and quantity is not specified. Also, there is no documentation of acute exacerbation of symptoms. Therefore, the request for Tizanidine was not medically necessary per the guideline recommendations of CA MTUS.